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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE



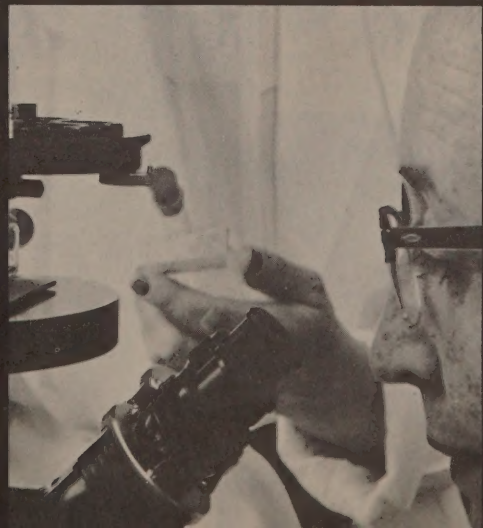
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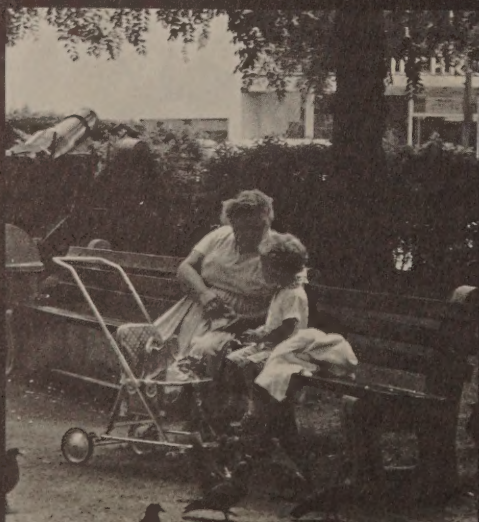


# The Public Health Service Today

[1964]

U.S. Department of Health,  
Education, and Welfare  
Public Health Service



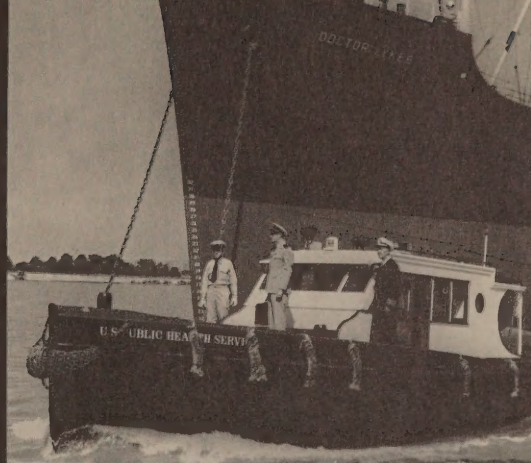
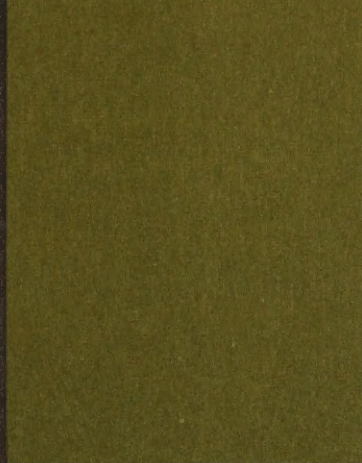
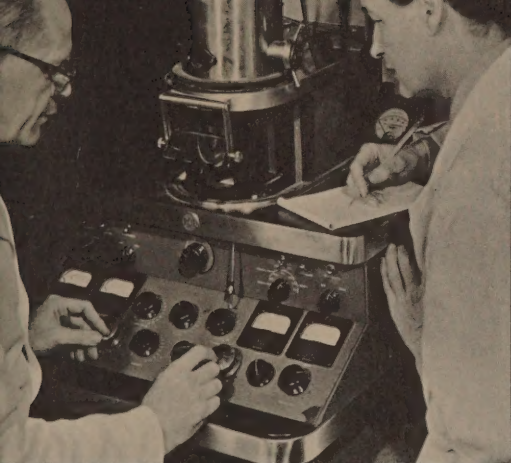


# CONTENTS

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I.	THE PUBLIC HEALTH SERVICE TODAY.....	5
II.	IN RETROSPECT.....	7
	A. Beginnings .....	7
	B. Epidemic Control .....	8
	C. Partnership for Health.....	10
	D. Health Facilities, Services and Personnel.....	14
	E. Other Activities .....	17
III.	ORGANIZATION AND STRUCTURE.....	19

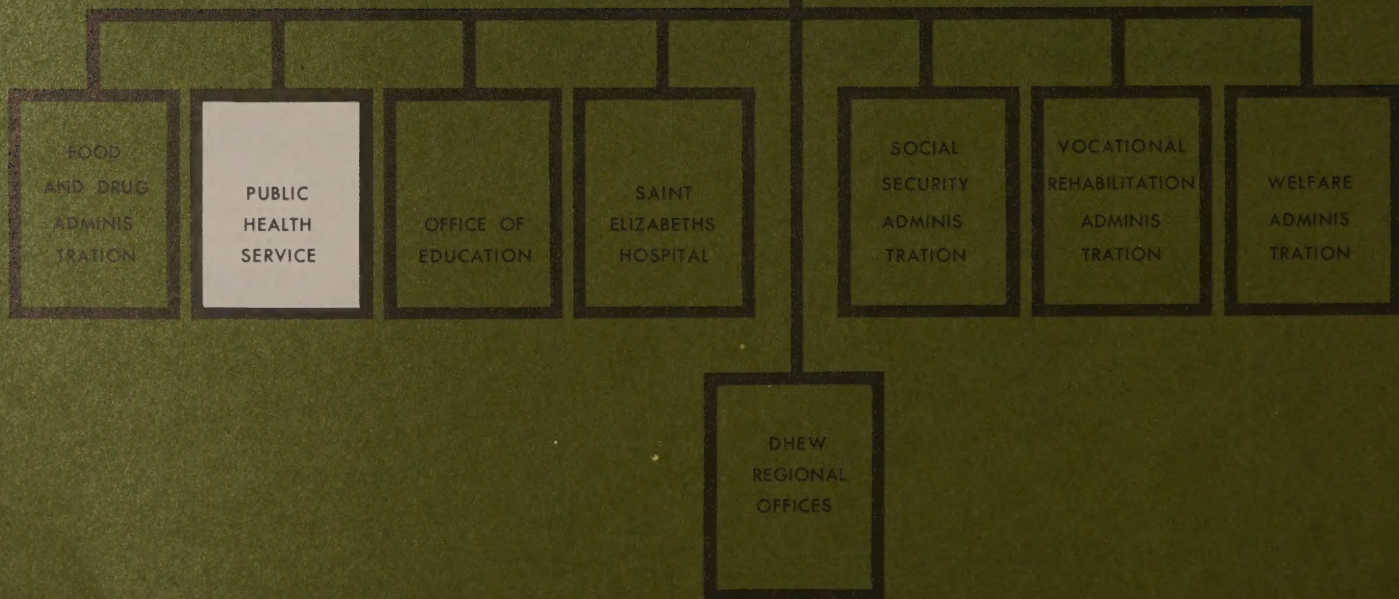




IV. GENERAL MANAGEMENT	
OF THE SERVICE.....	22
A. Regional Organization.....	22
B. Advisory Groups.....	24
C. Office of the Surgeon General.....	26
D. National Center for Health Statistics.....	30
E. National Library of Medicine.....	30
V. RESEARCH: BASIS OF HEALTH PROGRESS.....	33
A. Nine Institutes.....	34
B. Clinical Center.....	44
C. Four Divisions.....	46
VI. MEDICAL CARE AND RELATED SERVICES.....	51
VII. STRENGTHENING THE HEALTH PARTNERSHIP.....	56
A. Community Health.....	58
B. Environmental Health.....	70
VIII. OUR PART IN WORLD HEALTH.....	82

U.S. DEPARTMENT OF HEALTH,  
EDUCATION, AND WELFARE

Office of the Secretary





# THE PUBLIC HEALTH SERVICE TODAY

The Public Health Service, a component of the United States Department of Health, Education, and Welfare, is the principal health agency of the Federal Government. Its mission is to protect and advance the health of the American people.

In carrying out this mission, the Service works closely with State and local agencies, with other agencies of the Department and of the Federal Government, as well as with many professional, voluntary, civic, and special interest groups. It is part of a vast partnership of individuals, agencies, and institutions which work together in a unique blending of skills and responsibilities on behalf of human health.

Within this partnership, the Public Health Service has a wide variety of specific statutory responsibilities. It administers comprehensive programs of health research and training, medical care for designated beneficiary groups, and public health practice. It is also responsible for certain direct services which can be carried on only by a Federal agency, such as preventing the spread of disease from State to State, protecting this country from the importation of diseases from abroad, and working with other nations for a healthier world.

The principal functions of the Public Health Service can be grouped as follows:

1. To provide leadership and direction in

the national health scene.

2. To contribute to the advancement of health knowledge through research.

3. To contribute to the improvement and extension of community and personal health services.

4. To help promote and maintain a healthier environment.

5. To enlarge and improve manpower resources for health.

6. To increase and improve health facilities.

7. To provide direct health and medical services for its legal beneficiaries and for special groups in the population.

8. To work with other national and international agencies in the solution of international health problems.

9. To participate with other agencies of the Federal Government in discharging their various health functions.

10. To collect, evaluate, and present statistical data and other intelligence relating to the health status of the Nation.

11. To provide library services to advance communication in medicine and the health sciences.

12. To provide information on health

and well-being to the health professions, health agencies, and the general public.

In discharging these responsibilities, the Public Health Service plays a leading role in America's quest for better health. It gives the American people a comprehensive view of national health problems as a basis for decision, and helps formulate policies by which appropriate action can be taken. Most of this action must be undertaken by others—by individuals and agencies throughout the country. The Service constantly encourages this sharing of responsibility for health.

This adds up to a policy of leadership through cooperation. Public health calls for the collaboration of many groups and individuals. In this cooperative enterprise, the Public Health Service is an indirect agent and a leader rather than a direct dispenser of services. Its work benefits every American, through improved health services, an increased store of knowledge, and a better protected public.

The Public Health Service is proud of the responsibilities which the American people, through the United States Congress, have entrusted to it. To discharge its trust, it works in partnership with all those who would advance the health of mankind.



# IN RETROSPECT

The history of the Public Health Service is essentially the story of the response of American society to the challenge of sickness and death in a constantly changing environment.

## Beginnings

The Public Health Service began as the United States Marine Hospital Service in 1798, when an act of Congress providing for the care and relief of sick and injured seamen was signed by President John Adams. Since colonial days, the merchant fleet had been the Nation's economic lifeline and a major element of its naval defense. The seaboard States and their local

ports, therefore, called upon Congress to enact legislation giving the young Federal Government responsibility for the care of seamen put ashore by incoming vessels. The proponents of the act of 1798 argued that, in addition to humanitarian considerations, the national defense and the promotion of commerce demanded a national program of direct medical and hospital care for these seamen.

In 1870, the Marine Hospital Service was first organized as a national agency with a central headquarters and a medical officer in charge. The first career service for civilian employees of the Federal Government—governing the appointment and promotion of physicians in the Marine

hospitals—was created by regulations put into effect in 1873. This paved the way for the statutory establishment of the Commissioned Corps of the Public Health Service in 1889. Congress provided for a Reserve Corps in 1918, making it possible to recruit professional personnel other than physicians for emergency duty. In 1930, the Regular Corps began to include engineers and dentists, and in 1944 the membership of the Commissioned Corps was expanded to include research scientists, nurses, and other health specialists.

## Epidemic Control

As early as 1799, Congress authorized Federal officers to cooperate with State and local authorities in the enforcement of their quarantine laws. In succeeding years many short-term laws were enacted authorizing physicians in the Marine Hospitals to help communities curb severe epidemics of cholera and yellow fever.

From 1870 onward, the problems of epidemic control increased. The population was increasing rapidly. Cities were growing and industries were expanding. Railroads and steamboats were speeding the introduction and transmission of infectious diseases. In the sev-

enties, also, the science of bacteriology was born, and precise knowledge about the causes and control of many diseases became possible.

Maritime quarantine, however, was the chief mechanism for the exclusion of epidemic diseases from our shores. Until 1878, quarantine laws and regulations were the exclusive province of State and local governments. Because local enforcement of these diverse laws was spotty and uneven, Congress gave the Marine Hospital Service the responsibility for bringing about some uniformity. The Service was required to develop regulations for voluntary adoption by the States and port cities, and to apply regulations at ports lacking either State or local laws. In 1893, Congress gave the Service full responsibility for foreign and interstate quarantine, emphasizing cooperative relationships with State health departments.

## Research and Investigations

Scientific advances made in Europe and this country during the last quarter of the Nineteenth Century demonstrated the value of a central organization for research, epidemiological studies, and practical assistance in epidemic control. In 1887, the Service established a



The Public Health Service  
LEGISLATIVE AND  
ORGANIZATIONAL HIGHLIGHTS

A Selective Chronology Reflecting  
Expansion of Functions and Responsibilities

1798

President John Adams signs bill authorizing medical care for merchant seaman.

1799

Congress authorizes Federal officials to help States enforce their quarantine laws.

1870

Marine Hospital Service organized as a national agency.

1887

Service establishes its first research laboratory—Hygienic Laboratory, Staten Island, N.Y.

1889

Commissioned Corps established.

1891

Hygienic Laboratory moves from Staten Island to Service headquarters, Washington, D.C.

1893

Congress gives Service full responsibility for foreign and interstate quarantine.

1902

Reorganization Act changes name to Public Health and Marine Hospital Service; Congress gives Service authority to license and regulate biologics in interstate commerce.

Hygienic Laboratory at the Marine Hospital on Staten Island, to apply the new bacteriologic principles to the study of disease in this country. This cradle of medical research in the Public Health Service quickly proved its worth. Before the turn of the century, the laboratory was transferred to headquarters in Washington, where it became the forerunner of today's National Institutes of Health.

By that time, the production and interstate sale of biologic products for the prevention and treatment of infectious diseases had expanded tremendously. In 1902, with the enactment of the Biologics Control Act, the Public Health Service was given the responsibility for licensing and regulating the interstate sale of biologics.

Great epidemics, such as yellow fever in Mississippi in 1898 and plague in San Francisco in 1905, led to increased Federal participation in the control of such outbreaks. The Service began to provide aid and consultation to State and local authorities, and conducted investigations and field studies to prevent or curb epidemics.

These and related activities in the area of communicable disease control increased over the years. An Act of Congress of 1912, for example,

expanded the research program of the Service and specifically authorized studies of sanitation and pollution.

In recognition of these broadened functions, this Act changed the name from the Public Health and Marine Hospital Service to the United States Public Health Service. It also authorized the Service to assign personnel to other Federal agencies on a reimbursable basis. The objective was to make trained professional workers available to agencies whose major responsibilities were not in medical and health fields, but who required such work. As a result, the Service today provides professional personnel to almost every department and agency of the Government.

## Partnership for Health

A milestone in public health came with the passage of the Social Security Act of 1935. The health provisions of this Act, which authorized annual grants to the States for health purposes, greatly stimulated the development of the Nation's health services. In effect, the Federal Government undertook a partnership with the States to protect and promote the health of the people. This partnership was subsequently



1912

Name changed to Public Health Service, and responsibilities expanded.

1930

Hygienic Laboratory becomes National Institute of Health.

1935

Social Security Act authorizes grants to States for health purposes.

1937

Congress authorizes National Cancer Institute.

1938

National Venereal Disease Program established.

1944

Congress passes consolidated Public Health Service Act, broadening authority for research and training, and authorizing grants for tuberculosis control.

1946

Congress passes National Mental Health Act; passes National Hospital Survey and Construction Act; Office of Vital Statistics transferred from Census Bureau; Communicable Disease Center created.

1948

Congress passes Water Pollution Control Act; passes National Heart Act; passes National Dental Research Act; Microbiological Institute established; Experimental Biology and Medicine Institute established.

1949

Mental hygiene program expanded to become National Institute of Mental Health.

1947

Congress authorizes grants for training in cancer.

expanded through a number of Federal-State programs against specific disease problems, notably venereal disease and tuberculosis.

Before World War II, the major emphases in public health work were the development of full-time local health services, the strengthening of State health agencies, the promotion of maternal and child health, and the control of communicable diseases. New health problems, however, began to press heavily upon the Nation. The aging of the population and the continuously rising death rates from chronic diseases reflected the growing burden of these diseases. This pointed up the great need for more research in the chronic and long-term illnesses.

The beginning of a major national research effort in health was launched even before the war began. This effort has been significantly intensified and broadened in the two decades since the war.

In 1937, the Congress unanimously passed the National Cancer Act, creating the National Cancer Institute as a part of the Public Health Service. The Act authorized the National Cancer Institute to conduct research in its own laboratories and to award grants to non-government scientists and institutions for cancer research. It also authorized a program of fellowships for

the training of scientists and clinicians. A National Advisory Cancer Council, composed of leaders in science, medicine, and public affairs, was established to advise on the grant and training program.

This pattern of aid for research and training was subsequently applied to all the medical and public health research programs of the Service. For example, similar provisions were incorporated into the act which established, in 1946, the National Institute of Mental Health, and which also authorized grants to the States for community mental health services. A control program was also initiated in the field of cancer in 1947.

In 1948, the Public Health Service's research activities were further extended by the establishment of the National Heart Institute and the National Institute of Dental Research. In that year, too, the National Microbiological Institute was set up; this became the National Institute of Allergy and Infectious Diseases in 1955. Two more Institutes—Arthritis and Metabolic Diseases, and Neurological Diseases and Blindness—were created in 1950.

In 1953, the Service's 500-bed Clinical Center was opened at the National Institutes of Health, permitting combined laboratory and



1950

National Institute of Neurological Diseases established; National Institute of Arthritis and Metabolic Diseases established, absorbing Experimental Biology and Medicine Institute.

1953

PHS becomes a constituent of newly created Department of Health, Education, and Welfare; Clinical Center opens.

1954

Hospital construction program broadened; Robert A. Taft Sanitary Engineering Center established in Cincinnati.

1955

Indian Health program transferred to PHS; Cancer Chemotherapy National Service Center established; National Microbiological Institute becomes National Institute of Allergy and Infectious Diseases; Poliomyelitis Vaccination Assistance Act passes; Air Pollution Control Act passes; Mental Health Study Act passes (authorizes the Joint Commission on Mental Illness and Health).



1956

Congress passes Health Research Facilities Act; National Health Survey Act; National Library of Medicine established (with transfer of function from Armed Forces Medical Library); Traineeships authorized for professional nurses and public health personnel; Water pollution control program broadened; Psychopharmacology Service Center established; Alaska Mental Health Enabling Act passes; Military Dependents' Medical Care Act passes.

1958

Grants to schools of public health authorized; Division of General Medical Sciences established; Division of Radiological Health created.

clinical research into the major diseases of our time. The Center provides a setting in which scientists of many disciplines pool their knowledge and skills, thus helping to bridge the gap between basic research and the health problems seen in physicians' offices, hospitals, and health agencies. A new surgical wing was opened at the Clinical Center in 1963, devoted primarily to cardiac surgery and neurosurgery.

In 1956, Congress authorized a program of Federal aid for building laboratories and other facilities for health research. This rounded out a balanced program of aid for research projects, research training, and research construction. In 1962, Congress authorized the creation of an Institute of Child Health and Human Development and an Institute of General Medical Sciences, thus bringing the number of research institutes at NIH to nine.

## Health Facilities, Services, and Personnel

Another serious problem at the close of World War II was the shortage of hospital and related medical facilities. In 1946, the National Hospital Survey and Construction (Hill-Burton) Program was established, authorizing Federal

financial aid to the States for the construction of hospitals and health centers.

This program has been notably broadened and expanded in the past two decades. In 1954, additional Federal aid was authorized for the construction of chronic disease hospitals, and grants were initiated to build nursing homes, diagnostic and treatment centers, and rehabilitation facilities. In subsequent years, increasing emphasis was given to the construction of nursing homes and related facilities for the chronically ill and aging. Hospital research and planning was also encouraged. The latest amendments to this program, in 1964, authorized aid to modernize obsolescent hospitals in large urban areas and to promote coordinated hospital planning.

Toward the latter part of the decade from 1950 to 1960 and continuing on into the 60's, renewed emphasis was given to the application of knowledge on behalf of better health. American society was becoming increasingly mechanized, urbanized, and mobile. Our population was growing—and aging. Levels of education and income were rising, thus increasing the demand for health services.

One of the major goals of the Public Health Service was to put new knowledge to



1959

Construction of Indian sanitation facilities authorized; Division of Health Mobilization created.

1960

Grants authorized for support of institutional research and research training programs in universities, hospitals, and other nonprofit institutions; International Health Research Act passes; National Center for Health Statistics created; Research grant programs utilizing foreign currencies initiated; Bureau of State Services undergoes extensive internal reorganization into two groupings—environmental health and community health.

1961

Community Health Services and Facilities Act passes; Congress enacts Federal Water Pollution Control Act Amendments of 1961; Division of Accident Prevention created.

1962

Two new Institutes authorized—National Institute of General Medical Sciences, and National Institute of Child Health and Human Development; Division of Research Facilities and Resources established; Air pollution control legislation extended; Project grants authorized to improve health services for domestic agricultural migrant workers; Vaccination Assistance Act of 1962 passes.

1963

Congress enacts Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963; Health Professions Educational Assistance Act of 1963 passes; Clean Air Act of 1963 passes.

1964

Hospital and Medical Facilities Amendments of 1964 enacted; Nurse Training Act of 1964 passes; Public Health Traineeship Grant Amendments of 1964 enacted.



work as promptly and effectively as possible, particularly in the field of chronic diseases. The Community Health Services and Facilities Act of 1961 authorized the Service to support community studies and demonstrations to develop new and improved out-of-hospital services, particularly for the chronically ill and the aged.

The Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 extended the concept of the application of health knowledge to the mentally ill and mentally retarded. It authorized funds for the construction of community-based mental health centers, and it also stimulated research and the training of specialized personnel in the field of mental retardation. The aim of this and related measures was to emphasize positive treatment of mental illness in a patient's own community, rather than in huge custodial institutions.

In the field of infectious diseases, the Vaccination Assistance Act of 1962 authorized the Service to help States and communities carry out community-wide immunization programs against poliomyelitis, tetanus, diphtheria, and whooping cough. The intent of this legislation was to help eradicate these four preventable diseases in the United States.

Another major national effort was directed against the health hazards of the modern environment. Growing pollution of the Nation's air and water, chemical and radiological contamination, and traffic deaths and injuries, created health problems of great magnitude and complexity. A number of new Public Health Service divisions and field laboratories were established after World War II to help combat these problems.

The Water Pollution Control Act of 1948, for example, launched the PHS programs in that field. This program was broadened in 1956. Congress enacted legislation that authorized grants for the construction of waste treatment facilities, expanded research activities, provided for programs to protect water resources in large river basins, and strengthened Federal enforcement procedures. The 1961 amendments to this act extended and expanded this program and also authorized the construction of seven water pollution control laboratories.

The Robert A. Taft Sanitary Engineering Center in Cincinnati, Ohio, was established in 1954 as the principal environmental health laboratory of the Service. In 1958, the Division of Radiological Health was created to coordinate a national program to prevent radiological hazards



to public health.

The Air Pollution Act of 1955 authorized the development of a comprehensive program of research, training, and technical assistance. In 1963, the Clean Air Act added new authority to develop air quality criteria, and authorized limited Federal abatement action in certain problem areas.

In 1964, the Congress authorized funds to plan a new Environmental Health Center as a focal point for research, training, and control programs in environmental health.

The serious shortage of professional health manpower has also come in for national attention within the past decade. In 1956, the Public Health Service was authorized to award traineeships to professional public health personnel. A nurse traineeship program was also begun that same year, to prepare professional nurses for administrative, teaching, and supervisory positions.

In addition, two new major steps have been taken since 1960. The Health Professions Educational Assistance Act of 1963 authorized a new program of Federal grants to help build schools of medicine, dentistry, osteopathy, nursing, pharmacy, optometry, podiatry, and public health. It also provided a loan program for

medical, dental, and osteopathic students.

The Nurse Training Act of 1964 authorized Federal aid for the construction of nursing schools and the rehabilitation of existing schools of nursing. It also established a loan fund for student nurses, and extended the PHS traineeship program for professional nurses. In addition, it authorized aid for nursing schools to improve the quality of their instruction and to help meet the costs of increased enrollment.

These measures, which launched significant new programs within the Public Health Service, represented the national response to the critical shortage of professional health workers in this country.

## Other Activities

In 1955, responsibility for the health care of American Indians and Alaska Natives was transferred from the Department of the Interior to the Public Health Service. Since that time, the Service has administered a broad program of preventive and curative services for these groups.

In the last two decades, the Service has gained increasing responsibility in connection with the collection, analysis, and dissemination

of health data. In 1946, the National Office of Vital Statistics—which collected information on births, deaths, marriages, and divorces—was transferred from the Census Bureau to the Service. In 1956, the Congress authorized the Service to conduct a continuing survey, through a series of sample interviews and health examinations, of the Nation's health and illness. In 1960, these and other major Service components engaged in measuring the Nation's health status were brought together in a National Center for Health Statistics. These statistics help define and establish the health needs of the American people.

The National Library of Medicine was established as a part of the Public Health Service in 1956. The former Armed Forces Library was transferred from the Department of Defense, and a new building to house the library's collection was authorized. The building, com-

pleted in 1962, is on the grounds of the National Institutes of Health, in Bethesda, Maryland. It is one of the largest medical libraries in the world.

New health programs developed rapidly after the close of World War II. At least 40 new programs have been established by legislation, by transfer from other agencies, or by administrative action. In 1945, the Public Health Service had an appropriation of approximately 130 million dollars; today, the Service administers a wide range of health programs totalling nearly two billion dollars.

Expanded activities in medical research and education, community and environmental health, direct medical services, and in data collection and health communications have characterized the last twenty years as a period of unprecedented growth for the Public Health Service.



# ORGANIZATION AND STRUCTURE

The Public Health Service is made up of the following major components: The Office of the Surgeon General, the National Library of Medicine, and three operating bureaus—the National Institutes of Health, the Bureau of Medical Services, and the Bureau of State Services.

The conduct and support of research is the principal responsibility of the National Institutes of Health. Medical and hospital care programs and quarantine activities are in the Bureau of Medical Services. The Bureau of State Services administers the cooperative Federal-State and interstate health programs.

These bureau responsibilities represent areas of program emphasis rather than areas of exclusive operations. For example, health research is an integral part of many programs, and all bureaus conduct some research projects. As the Service's principal research facility, however, the National Institutes of Health coordinates

the research activities of the Service. Similarly, although each bureau has programs with Federal-State aspects, the Bureau of State Services bears the major responsibility for activities involving Federal-State relations.

The Service works closely with other constituent agencies of the Department of Health, Education, and Welfare, such as the Vocational Rehabilitation Administration, the Food and Drug Administration, the Office of Education, and the Welfare Administration. Cooperative and joint planning, and frequent exchange of ideas make for a coordinated approach in allied fields.

The Public Health Service employs about 35,000 full-time personnel representing over 300 occupational specialties and including many health and related professions. Of these, about 5,000 are officers of the Public Health Service Commissioned Corps and 29,000 are career Civil

Service employees. The Commissioned Corps includes many of the professional personnel of the Service such as physicians, dentists, sanitary engineers, nurses, and others. Commissioned Officers undertake their careers in the Service early in their professional lives and like officers in the Armed Forces are commissioned by the President with the approval of the Senate. In addition to the active Regular and Reserve Corps components, there is an inactive Reserve Corps of about 6,000 officers who can be called to duty in case of emergency.

Public Health Service personnel are stationed in many locations in the United States and throughout the world. More than 90 percent of the staff are located outside the headquarters office in Washington, D.C. The largest concentration, about 11,000, is found at the National Institutes of Health, in and around Bethesda, Maryland. Almost half of the PHS staff are located in hospitals and clinics throughout the country, in the medical care programs of the Bureau of Medical Services. Headquarters of this Bureau are in Silver Spring, Maryland. More than 900 people are stationed in the regional offices of the Public Health Service. Six hundred employees are on duty with other Federal departments, primarily the Bureau of

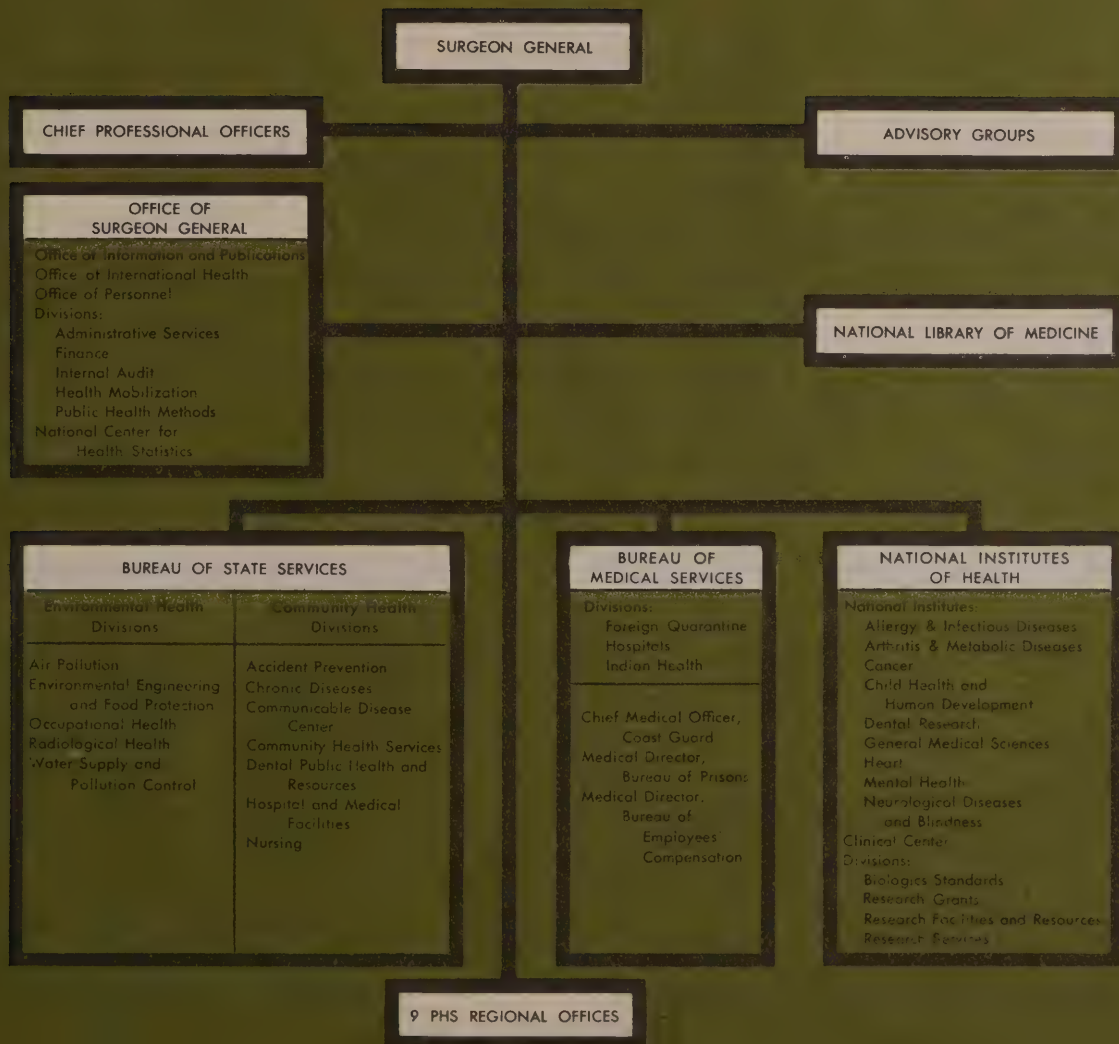
Prisons and the Coast Guard, including more than 100 stationed overseas with the missions of the Agency for International Development and the Peace Corps.

The permanent field stations of the Service include 9 regional health offices, 65 hospitals, 25 clinics, 51 major foreign quarantine stations, 42 Indian Health Centers, three large specialized centers, and several environmental laboratories for water, shellfish, and radiation research. In addition, there are many smaller laboratories, training stations, environmental monitoring facilities, and field offices carrying out special projects and investigations.

Many of the large hospitals and clinics, and the quarantine stations of the Service, are located along the Nation's waterways, coasts and border areas, since the work of these facilities is related to water-borne traffic and continental immigration. Indian hospitals and health centers are located primarily in the Western States and in Alaska.

The three large specialized field centers are: the Communicable Disease Center in Atlanta, Georgia; the Robert A. Taft Sanitary Engineering Center in Cincinnati, Ohio; and the Arctic Health Research Center in Anchorage, Alaska.





# GENERAL MANAGEMENT OF THE SERVICE

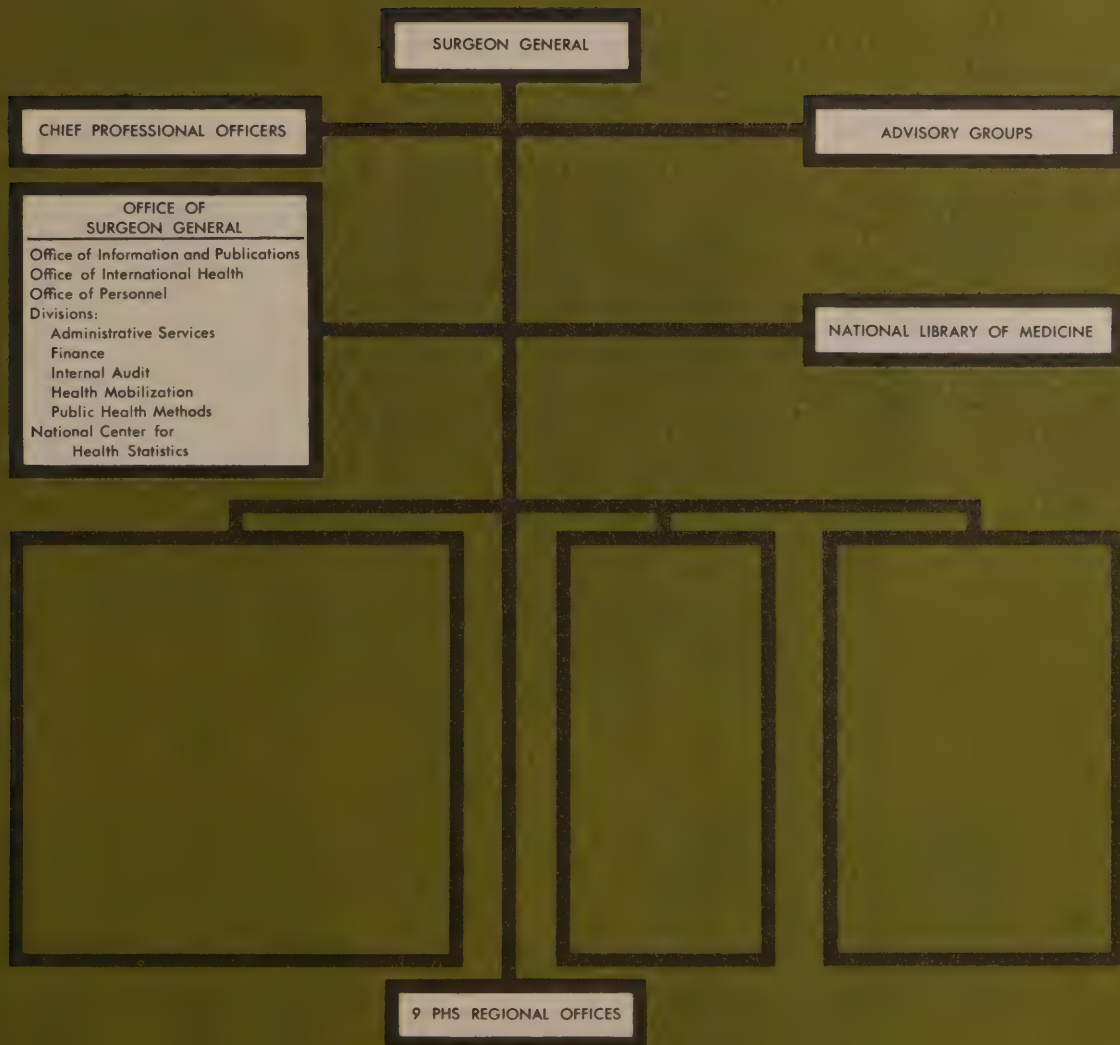
The Surgeon General is the Chief Officer of the Service. He is appointed by the President of the United States to a four-year term, and is responsible, under the Secretary of the Department of Health, Education, and Welfare, for administering the largest public-health program in the world. Decentralization of authority to the bureaus and larger field offices helps the Surgeon General carry out this responsibility. He shares the planning, coordination, and administration of Service activities with the Chiefs of the operating bureaus, with the Deputy Surgeon General, the two Assistant Surgeons General, and the Executive Officer.

In addition, the Surgeon General is as-

sisted by Chief Professional Officers in dentistry, nursing, and sanitary engineering, who advise him on matters within their fields of specialization. As part of his immediate office, the Surgeon General also has special assistants in legislation, public information, scientific communication, and grants policy.

## Regional Organization

Most Federal-State and interstate health programs reach the States and communities through the regional organization of the Public Health Service. For this purpose the Service maintains a staff in the nine regions of the De-





partment of Health, Education, and Welfare, as part of the coordinated regional network of the Department. The PHS regional staffs are composed of specialists in the varied programs of the Service who maintain direct contact with State and local authorities and who work with these officials in developing and maintaining cooperative health programs.

The regional staffs are headed by Regional Health Directors who represent the Surgeon General in interpreting and carrying out the policies of the Service in the field. They receive technical supervision in their respective fields of specialization—chronic disease control, environmental health, mental health, and the like—from their appropriate headquarters division in Washington. The Regional Health Director coordinates these activities in the field and provides leadership to the regional organization. Other resources available to the Regional Health Director are specialized field centers and laboratories, mobile units, and the services of outside consultants.

## Advisory Groups

The Public Health Service makes extensive use of public advisory groups. Almost 3,000 highly qualified individuals from a great number

of specialized fields and from all parts of the country are currently serving on PHS advisory groups. They provide the Service with an indispensable source of expert knowledge and advice.

Some of the advisory bodies are set up by law. In addition to the National Advisory Health Council, there are special advisory groups in such fields as cancer, heart disease, mental health, and the construction of hospitals and research facilities. These groups review and make recommendations relating to grants for research and training in the fields of their specialization.

Also established by law are the annual conferences between the Public Health Service and the State and Territorial Health Officers. In recent years State hospital and mental health officials have also been included in the annual meeting. Through these and other working conferences with State health specialists, the Public Health Service maintains a constant interchange of information and experience with the Nation's health workers.

In addition to these statutory advisory bodies, a great number of groups are set up by administrative action. Special committees, teams, and task forces help the Service to for-

## REGIONAL OFFICES



ALSO IN REGION III:

PUERTO RICO  
VIRGIN ISLANDS

ALSO IN REGION IX:

ALASKA  
HAWAII

ulate policy, coordinate activities, review existing and plan new health programs, and undertake specific projects. Among the most prominent of these groups in recent years have been the Surgeon General's Consultant Group on Medical Education, the Consultant Group on Nursing, and the Advisory Committee on Smoking and Health.

## Office of the Surgeon General

The Office of the Surgeon General provides staff assistance in the management of the Service and undertakes programs of a Service-wide or special nature. This Bureau consists of nine components. Four of these—the Office of Personnel, the Division of Finance, the Division of Internal Audit, and the Division of Administrative Services—are staff units which provide central administrative management services and establish Service-wide procedures. The work of the other components is described below.

The *Division of Public Health Methods* provides staff services for the Surgeon General in dealing with a variety of problems related to the Nation's health which cut across the organizational lines of the Service. The Division's

work falls into three major categories: identifying and defining the current and future public health problems of the Nation; measuring against these problems the Nation's available resources, including health personnel and services; and developing methods for judging the effectiveness of public health programs. In meeting these responsibilities, the Division uses data from all available sources and, when necessary, engages in studies to develop original data. As the need arises, the Division gives assistance on factual and methodological matters to the bureaus and divisions of the Service as well as to other govern-

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*PACKAGE DISASTER HOSPITAL.* The Division of Health Mobilization is responsible for assuring essential health services to the Nation following a large-scale disaster when existing health facilities may be inadequate. The Package Disaster Hospital, a portion of which is shown here set up in a test exercise, is one aspect of this program. The PDH is an austere but completely functional 200-bed general hospital packed in boxes and stored in communities throughout the U.S. It is designed to be set up in a building such as a church, school, or community building as soon as possible after a disaster.





mental, professional, and voluntary organizations working in health and related fields.

The *Division of Health Mobilization* coordinates the civil defense health responsibilities assigned to the Department of Health, Education, and Welfare. It develops national emergency plans and programs covering health services, civilian health manpower, health resources, and water supply to ensure a state of health readiness for all conditions of national emergency including attack upon the United States. Activities are grouped in four major program areas: self-help training programs designed to help people meet their own health needs when deprived of the services of a physician; assistance to states and communities in the development and implementation of emergency health operational plans; management of the Federal Medical Stockpile; and development of a coordinated emergency program for Federal agencies having health or health-related responsibilities.

The *Office of International Health* serves as the principal staff arm of the Surgeon General in matters relating to international health. As such, it develops Service-wide goals and policies in this field, and coordinates the international activities of other units of the Service. Working directly and through international

agencies, it helps mobilize skills and resources in this country to help advance health throughout the world. The Office of International Health maintains liaison with the World Health Organization, the Food and Agriculture Organization, and other specialized agencies of the UN having an interest in health. It also provides guidance for the international health activities of the Department of State and other Federal agencies.

The *Office of Information and Publications* advises the Surgeon General on public reporting and public information, and directs and coordinates the information, publications, and

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**HEALTH EXAMINATION SURVEY.** *The Division of Health Examination Statistics, one of four operating units of the National Center for Health Statistics, is carrying on a unique child-health survey. The current program involves a 3-hour examination given in specially built Mobile Examination Centers to 8,000 6-to-11-year-old children in 40 selected areas of the Nation. Based on statistical projections, this sampling will represent about 25 million Americans in this age group. The purpose of the study, the second of three related population surveys, is to obtain new information on factors affecting growth and development of children.*





public inquiries programs of the Service. It formulates Service-wide policies and procedures in these fields. It also edits and publishes *Public Health Reports*, the official journal of the Service, which carries discussions and original articles in the field of public health practice and administration.

## National Center for Health Statistics

The *National Center for Health Statistics* provides national leadership in gathering, analyzing, and disseminating statistical data relating to the Nation's health. It was established in 1960 in order to bring together the primary Service-wide competencies in measuring the health status of the Nation.

The Center carries on an increasing variety and volume of health statistics activities. It collects, analyzes, and publishes the country's vital statistics—the data on births, deaths, marriages, and divorces. Through a number of continuing surveys it produces new information on a long list of health conditions in the general population. It conducts a vigorous program of research aimed at improving the methodology in the broad areas of its concern. An increas-

ingly important part of its program is the study and interpretation of health and vital statistics, for example, of trends in overall and infant death rates. The Center's primary product—data on a growing number of health topics—is used widely throughout this country and abroad, including governmental agencies, professional organizations, and an impressive number of businesses and industries.

## National Library of Medicine

The *National Library of Medicine* was founded in 1836 as the Library of the Army Surgeon General's Office and developed as a

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*MEDLARS COMPUTER ROOM. At the National Library of Medicine, articles from scientific journals around the world are indexed and fed into the MEDLARS computer for storage and quick retrieval. MEDLARS produces Index Medicus and can made bibliographic searches of the literature for many special purposes. Coupled with a high-speed printing apparatus, the computer system can print out its reports at about 20,000 words per minute.*



national resource under the leadership of John Shaw Billings, Librarian from 1865 to 1895. It became a part of the Public Health Service in 1956. Located on the grounds of the National Institutes of Health, Bethesda, Maryland, its mission is to assist the advancement of medical and related sciences by the collection, dissemination and exchange of scientific and other information important to the progress of medicine and public health. Holdings of the Library exceed 1,100,000 pieces—books, journals, theses, pamphlets, prints and microfilm. It is one of the largest research libraries in a special subject discipline in the world. Material of clinical and research value flows into the Library from the

world over—in almost every language.

For a hundred years the Library has served as a national and international reservoir of the published literature of the medical sciences. Through its interlibrary loan program it provides a world-wide service by making its collection available to workers in every field of health. It provides the health professions with a comprehensive indexing service of the world's current journal literature of medicine and provides specialized reference and research assistance upon request. Other bibliographical aids are provided in the form of catalogs, bibliographies and guides.



# RESEARCH: BASIS OF HEALTH PROGRESS

Scientific research provides the basic knowledge for advances in medicine and public health practice. Since 1887, research has played an important and growing part in nearly all the programs of the Public Health Service.

The National Institutes of Health is the principal research bureau in the Service. Its functions are to support medical research, research training, and construction of research facilities in the Nation's medical and dental schools, universities, and other research centers. It also conducts laboratory and clinical research in its own facilities on the diseases and disabilities of man.

The National Institutes of Health is located on a 305-acre site in Bethesda, Md., a suburb of Washington, D.C. It is composed of nine research institutes plus a Clinical Center and these four Divisions: Research Grants, Biologics Standards, Research Services, and Research Facilities and Resources. Staff functions such as administrative management, program planning, international research and research information are located in the Office of the Director. The Director of NIH carries a special responsibility for the Surgeon General in the formulation of research policies and the coordination of research activities.

## Nine Institutes

Although basic research in the Public Health Service is now more than 75 years old, the nine constituent Institutes of the National Institutes of Health are of fairly recent origin. They are the outgrowth of the increasing emphasis in medicine and public health upon the diseases that are now the Nation's major causes of death and disability.

The National Cancer Act, passed in 1937, set the pattern for future developments by creating the National Cancer Institute. Between 1948 and 1955, Congress established six Institutes: Heart, Dental Research, Mental Health, Arthritis and Metabolic Diseases, Neurological Diseases and Blindness, and Allergy and Infectious Diseases. In 1962 Congress authorized the National Institute of Child Health and Human Development, and the Division of General Medical Sciences was expanded to become the National Institute of General Medical Sciences.

The *National Cancer Institute* conducts and supports research on the cause and treatment of malignant disease and aids in the training of physicians and research scientists. High

priority is given to research on the possible role of viruses as direct or contributing causes of human cancer. The development of increasingly effective drugs against cancer, particularly leukemia, is another area of intensive investigation. The research attack on all aspects of the cancer problem involves practically every biomedical discipline, such as biology, biochemistry, radiology, pathology, medicine, and surgery.

Assistance in the training of physicians and other scientists to work in the cancer field is provided in the form of postdoctoral or special fellowship awards, and graduate and undergraduate training grants. Grants are awarded to medical schools (including osteopathic) and dental schools to improve undergraduate training in the diagnosis, prevention, and treatment of cancer. The Institute's own research staff is augmented by visiting scientists, research fellows, and clinical associates.

The *National Heart Institute* was established by Congress in 1948 to help combat the problem of heart disease—still the number one cause of death in the United States. About 10 million Americans have some form of cardiovascular disease. Deaths from this cause total almost one million each year, or over half the deaths annually in this country from all causes.





The National Heart Institute is the focal point for all heart disease research activities in the Public Health Service, and conducts an integrated program of laboratory and clinical research in its own facilities. It supports heart research in nonfederal institutions through research grants (more than 2,000 projects being carried on in hundreds of hospitals, universities, and other institutions throughout the country). And it assists training in cardiovascular diseases through research fellowships and training grants. Other functions include epidemiologic and biometric research, and public and professional information activities. It also cooperates with the Bureau of State Services, which administers grants and provides technical assistance to help the States in developing heart disease control programs.

The Institute is concerned with every kind of heart and blood vessel disease, but concentrates on three types responsible for 90 per cent of all cardiovascular deaths—arteriosclerosis, hypertension, and rheumatic heart disease. Investigations encompass the cardiovascular system, including the kidney and the hormonal and neurological factors involved; the development of cardiovascular disease; the search for therapeutic agents; and the aging process.

*The National Institute of Dental Research*, established in 1948, conducts and supports research in the causes, treatment, and prevention of diseases of the mouth and teeth. These problems are not only studied clinically and epidemiologically, but their basic origins are investigated from the standpoint of microbiology, biochemistry, genetics, histology, and biophysics. The Institute has contributed to the knowledge of the effectiveness of fluorides in preventing dental decay and of the role of infection in causing such decay. Its research today is leading to a better understanding of the genetics of malformations, the place of nutrition in dental health and disease, the nature of pyorrhea or periodontal disease (major dental problem of adults), and to newer concepts in the prevention of tooth decay.

*The National Institute of Mental Health*,

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*OPEN HEART SURGERY. In this open heart procedure, NHI surgeons are repairing a heart defect with a patch of synthetic material. The National Heart Institute spearheads the government's program of research and training against the leading cause of death in the United States today.*



established in 1949, is the focal point for the Federal Government's efforts to gain knowledge about mental illness and to promote sound mental health. The Institute's program encompasses research into the causes, prevention, and treatment of mental illness, training of mental health personnel, and assistance to the States in developing community mental health services.

The Institute awards grants for research spanning a wide range of physiological, psychological, and sociological sciences. Studies range from basic biological investigations to explorations of social factors affecting human behavior. Among the subjects studied are psychoses, neuroses, psychopharmacology, industrial mental health, alcoholism, mental retardation, school mental health, and the psychological aspects of aging.

In the Institute's own laboratories, the interdisciplinary approach is emphasized. Clinical studies concentrate on biological factors in schizophrenia, the chemical organization and metabolism of the nervous system, psychopharmacology, drug addiction, effects of stress on the human organism, child and family relationships, and the effects of family relations on all types of psychiatric disorders.

The *National Institute of Arthritis and*

*Metabolic Diseases* was established in 1950. Research activities, in addition to studies of arthritis and metabolic diseases, include the study of diseases of the gastrointestinal tract such as peptic ulcers, many hereditary disorders, and diseases of the blood and bone. Underlying these clinical and laboratory studies in medicine is extensive fundamental research in biochemistry, enzymology, physical biology, and nutrition.

Scientists at this Institute conduct studies designed to give a better understanding of the causes of arthritic and metabolic disease. This research should lead to better diagnostic tests and more effective forms of treatment. Research in diabetes, perhaps the best known and most important of the metabolic diseases, has been stimulated by the discovery of oral anti-diabetic drugs. Studies of the mode of action of these

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*ORAL LESIONS. The National Institute of Dental Research carries out investigations into the causes and cures of oral and dental diseases. The dental researcher is using a stereo microscope to check for oral lesions. The microscope, which can magnify up to 40 times, can reveal subtle changes before they can be seen by the unaided eye.*





drugs promise to supply basic information about diabetes itself. Other Institute findings have lead to a better understanding of blood disorders and burn shock and to the partial "cracking" of the genetic code—an accomplishment that provides new knowledge of the machinery of heredity. Institute scientists have also succeeded in synthesizing a valuable analgesic drug, phenazocine, which for certain types of pain seems more powerful than morphine but less liable to cause addiction. The Institute also supports biomedical research at universities and medical centers throughout the country.

Founded in 1950, the *National Institute of Neurological Diseases and Blindness* concentrates on disorders of the nervous and sensory systems. Neurological ailments rank as the leading cause of permanent disability and a major cause of death in the United States.

The Institute supports studies of the normal nervous system, the eye, and the ear. It also sponsors experimental clinical research relating to cerebral palsy, epilepsy, multiple sclerosis, glaucoma, and hearing and speech disorders. Institute scientists and grantees are exploring many research pathways in the search for causes, improved diagnosis, treatment, and prevention.

An unprecedented attempt to find the causes of cerebral palsy, mental retardation, congenital blindness, and kindred defects in children was launched in 1959, in collaboration with 15 hospitals and medical centers across the country. Some 50,000 mothers are being studied from early pregnancy through delivery, and their children are being followed up from birth through school age in an effort to learn more about the underlying causes of disorders of infancy and childhood which affect the brain and nervous system.

In addition to making grants for individual studies, the Institute also supports broad program project grants at medical centers for multidisciplinary research on specific neurological

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*PROGRESS AGAINST RHEUMATOID ARTHRITIS. National Institute of Arthritis and Metabolic Diseases scientists have developed a highly effective therapy for rheumatoid arthritis consisting of exercises and graduated casts. The little girl is one of many patients who have benefited from the research activities supported by NIAMD where studies are underway in such fields as hereditary disorders, peptic ulcers, and diseases of blood and bone.*





or sensory diseases. The Institute simultaneously supports a variety of training programs and trainees in neurology, ophthalmology, otolaryngology, and related areas.

The *National Institute of Allergy and Infectious Diseases*, established in 1955, advances research on human diseases caused by microorganisms such as bacteria, rickettsiae, viruses, and fungi. It also investigates the widespread allergic diseases, including hay fever and asthma. These illnesses, mild and severe, comprise the bulk of day-to-day afflictions that disrupt our productivity as a Nation. For example, upper respiratory infections, including the common cold, cost an estimated three billion dollars a year in medical expenses and lost productivity. Pneumonias are a leading cause of death in infants. The Institute also investigates a variety of diseases of world importance, including malaria, viral encephalitis, schistosomiasis, rabies, poliomyelitis, and many others.

Field stations of the Institute include the Rocky Mountain Laboratory at Hamilton, Montana, a world center for study of diseases, as well as facilities in South Carolina, Hawaii and the Canal Zone.

Authorized by Congress in October 1962, the *National Institute of Child Health and*

*Human Development* is the first Institute to focus its attention on the entire life process rather than on a specific disease or illness. It is mobilizing for a concentrated attack on many of the unsolved health problems of children, mothers, and old people. These problems are intimately related to the basic processes of human development, such as mental retardation and congenital defects.

Despite the deliberate emphasis on child health research and the aging process in the program of this Institute, other NIH institutes will continue to have research responsibilities in their particular disease categories with respect

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*BRAIN READING.* The electroencephalograph records minute brain impulses, and is one of the complex research tools essential in today's studies of diseases of the nervous system. This and other electronic devices, such as the electromyograph (for measuring electrical impulses in muscles), and the echoencephalograph (for localizing brain lesions by means of ultra sound waves), are providing National Institute of Neurological Diseases and Blindness scientists with information that can lead to improved diagnosis and treatment.



to children, elderly people, and other segments of the population.

The *National Institute of General Medical Sciences*, authorized by Congress in October 1962, is the successor to the Division of General Medical Sciences formed four years earlier. The Institute supports research which is outside the general area of responsibility of any other Institute or cuts across categorical programs. For example, it supports research in anatomy, biochemistry, pathology, pharmacology, microbiology, nutrition, the physical behavior of biological molecules, energy reception and transfer, biomedical engineering, the mechanisms of nerve and muscle, and the behavior of the cell.

These basic studies will contribute directly to work being done on such specific diseases as cancer, heart disease, diabetes, blindness, arthritis, and many others.

Today's health scientist must have skills in fields unknown to medical science a few years ago. The world of computers, electron microscopes, and medical engineering is a new world in which the biological scientist must become knowledgeable. To permit the development of skills in these interrelated and complex fields, the training program of this Institute has provided funds for a new depth and quality of edu-

cation, leading to increased manpower for medical research and the provision of scientific faculty members for schools of medicine, dentistry, public health, and veterinary medicine.

## Clinical Center

The *Clinical Center*, opened in 1953, is a 14-story, 516-bed facility for combined laboratory and clinical research. It contains about twice as much space for laboratories as for patient care. Because it is primarily a research facility, patients are selected by the investigators to meet the highly specific requirements of each clinical study. All patients must be referred by their private physicians.

**RESEARCH IN HUMAN DEVELOPMENT.** *The National Institute of Child Health and Human Development is studying the basic processes of growth and development. For example, they are gaining new knowledge about how children learn to communicate.*





## Four Divisions

The *Division of Biologics Standards* is responsible for administering the provisions of the Public Health Service Act concerned with the licensing and control of biologic products offered for sale in interstate commerce or for export and import. These include vaccines, serums, toxins, antitoxins, and human blood and its derivatives used for prevention and treatment of disease in man. The Division's research program plays a vital part in developing criteria for standards to ensure the safety, purity, and potency of these products.

Through the *Division of Research Facilities and Resources*, the PHS supports programs to build and renovate research facilities and to establish and maintain animal resource centers; general clinical research centers within a hospital complex; and special research resource centers for biomedical communications, computer centers, or facilities for the behavioral sciences. The Division also provides general research support to help coordinate and balance research activities in institutions engaged in health-related research.

The *Division of Research Grants* coordinates and administers a major portion of the

Public Health Service's research support program. This program includes some 15,000 research grant awards annually and about 8,000 awards for fellowships and training grants. Grants are also awarded to support research projects in leading medical centers abroad, and scientists from other nations receive fellowships for study in U.S. medical research centers. In the area of grants management, the Division coordinates financial procedures having to do with grants, and serves as a source of information for financial officers in over 1,200 grantee institutions.

About four-fifths of NIH's annual appropriation is expended in the form of grants. Applications for grants are initially reviewed by non-Federal scientists to evaluate the scientific

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*INSURING SAFE BIOLOGICAL PRODUCTS. In this test a new biological product is injected intravenously into the rabbits' ears to insure the absence of substances which produce fever. The Division of Biologics Standards controls and tests the safety, purity, and potency of new biological products before they are licensed by the Department of Health, Education, and Welfare.*





merit of the proposal, the ability of the applicant, and the adequacy of the research environment. All applications are then reviewed by a group of national advisory councils, composed of leaders in the medical sciences, education, and public affairs. Members of these councils are appointed by the Surgeon General for four-year terms.

Fellowship applications are reviewed by the Division's Central Qualifications Board, made up of twelve fellowship review panels. These panels, like other preliminary reviewing groups, review the technical aspects of applications. Their recommendations are transmitted to specialty fellowship boards in the appropriate institutes. The fellowship review panels also report on training needs in their fields.

The *Division of Research Services* provides facilities, equipment, and a wide variety of scientific and technical resources essential to the needs of medical investigators at NIH. The contributions of the Division are often the result of close collaboration with Institute scientists. For example, DRS technicians are called upon by investigators to design and fabricate special equipment; and DRS biostatisticians are needed to assist researchers in programming complex computational problems.

The Division supports biomedical research objectives in many ways. It provides investigators with data processing services; laboratory animals and media; library, translating, medical art and photographic services; and engineering and planning resources. It is also responsible for the maintenance of the NIH buildings and grounds. In addition, the Division operates the NIH Animal Center, a 500-acre animal farm near Poolesville, Md., for breeding, treating, and housing animals for experimental laboratory work.

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**RESEARCH PROJECT REVIEW.** *The Division of Research Grants establishes guidelines governing grants for health research and training. Advisory Study Sections review applications for research grants. Here the Genetic Study Section, composed of non-Federal experts, discusses the merits of a project.*



BUREAU OF  
MEDICAL SERVICES

Divisions:

Foreign Quarantine  
Hospitals  
Indian Health

Chief Medical Officer,  
Coast Guard  
Medical Director,  
Bureau of Prisons  
Medical Director,  
Bureau of  
Employees'  
Compensation



# MEDICAL CARE AND RELATED SERVICES

**T**he Bureau of Medical Services operates a system of hospitals, clinics, health centers, quarantine stations, and other health services in this country and abroad, on land and at sea, in major ports, and on remote inland reservations. Some 14,000 staff members are engaged in these direct medical care activities of the Public Health Service.

The Bureau provides medical and hospital care for American seamen. About 100 Service

officers are assigned to the Coast Guard—at land stations; at the Coast Guard Academy in New London, Connecticut; and aboard vessels in the Bering Sea Patrol, ocean weather ships in the Atlantic and Pacific, and ice-breakers in the Arctic and Antarctic.

International travelers arriving from foreign points are checked for certain contagious diseases. American Indians and Alaska Natives (Indians, Eskimos, and Aleuts) are given com-

prehensive health care. A special hospital is devoted to the treatment of leprosy. Treatment for narcotic addiction is available in two neuropsychiatric hospitals.

Approximately 275 staff members of the Service are assigned to the Bureau of Prisons to provide medical, psychiatric, psychological, dental, nursing, and other health services in all the Federal prisons and correctional institutions throughout the country.

Members of the Armed Forces and their families receive care at hospitals and clinics of the Bureau where more convenient than military hospitals; in turn, Public Health Service commissioned officers may receive care in military facilities.

Bureau personnel provide medical and hospital care for civilian employees of the Government who are injured on duty or become ill from causes related to their work. Health units are also operated for a number of Federal departments and agencies that have requested this service to protect their employees' health. Medical programs of the Bureau of Employees' Compensation of the Department of Labor and of the Maritime Administration of the Department of Commerce are carried on by Service officers detailed to those agencies by the Bureau

of Medical Services.

The *Division of Hospitals* operates a hospital and medical care program for American seamen and other groups designated by Congress as beneficiaries of the Public Health Service. Patients include seamen, Coast Guardsmen and their dependents, uniformed service members of the Army, Navy, Air Force, Public Health Service, and Coast and Geodetic Survey and their dependents, Civil Service employees injured in line of duty, persons with leprosy, and patients addicted to narcotic drugs.

The Division operates 12 general hospitals, two neuropsychiatric hospitals, and a hospital for leprosy patients. It also operates 25 full-time clinics, and provides part-time services through more than 150 private physicians

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*MORNING ROUNDS.* In addition to providing hospital and medical care for seamen and other special groups designated by Congress, the Division of Hospitals also trains interns and residents in medicine and dentistry. Here, interns, residents, and staff physicians at the PHS hospital in Baltimore, Maryland, make the rounds of the wards and discuss care of the injured and sick.





designated to furnish care in communities that are not accessible to Public Health Service facilities.

The Division conducts intern and residency training programs for physicians, dentists, and paramedical personnel, and performs research into the clinical management of disease and health problems. Some of the areas in which the Division is conducting medical research, in collaboration with other programs of the Service, are cancer chemotherapy, heart disease, and detection of oral cancer.

The *Division of Indian Health* provides complete medical care for more than 380,000 Indians and Alaska Natives, living for the most part on isolated reservations in the West and villages in Alaska.

In providing health services to a widely scattered people with limited understanding of modern health concepts, the Division has developed a comprehensive program of curative and preventive medicine. It has also developed an environmental health program to assure safe water supplies and improved sanitation facilities in Indian villages and reservations.

The Division of Indian Health operates 50 hospitals, 41 health centers, including 17 at Bureau of Indian Affairs boarding schools, and

approximately 45 health stations. Health services are also provided by Division staff at numerous other locations or, through contractual arrangements, by State or local government employees, private physicians, and dentists.

Improvement in the quantity and quality of health services has resulted in a rise in the health status of the Indian population. Since 1954, the Indian infant death rate has declined 28 percent and the tuberculosis death rate of Indians and Alaska Natives have been reduced 52 and 83 percent, respectively. An Indian born today has a life expectancy of about 62 years, as compared with 40 years in 1940. The health of American Indians, however, is still a generation behind the rest of the U.S. population.

The *Division of Foreign Quarantine* guards the Nation against the introduction of quarantinable diseases and other communicable diseases from abroad. It inspects ships, aircraft, persons, and certain animals and goods arriving in this country. In 1962 the Division inspected about 33,000 ships, 65,000 aircraft, and 16,000,000 travelers including 10 million persons at the Mexican border.

Whenever necessary, quarantine officers disinfect ships and planes to destroy rats, mosquitoes, and other insect carriers of disease.

The Division collects, analyzes, and disseminates worldwide epidemiological data on the prevalence and incidence of quarantinable and communicable diseases. It also conducts studies to improve quarantine methods.

The Division determines the health status of aliens who wish to enter the United States and carries out quarantine inspections and medical examinations of aliens entering the

country as farm workers. In 1962, Division medical officers examined more than 189,000 visa applicants from Europe, Canada, Mexico, and Hong Kong. In carrying out the alien medical examination program, the Division cooperates with the Department of State and the Immigration and Naturalization Service of the Department of Justice. Medical officers of the Division are on duty at major consulates.

# STRENGTHENING THE HEALTH PARTNERSHIP

Health knowledge is applied by private practitioners working in offices, clinics, hospitals, and other facilities. It also reaches the people through organized community health services. For many years, the Public Health Service has assisted State and local public health agencies and professional and voluntary organizations in making better health services available, community by community.

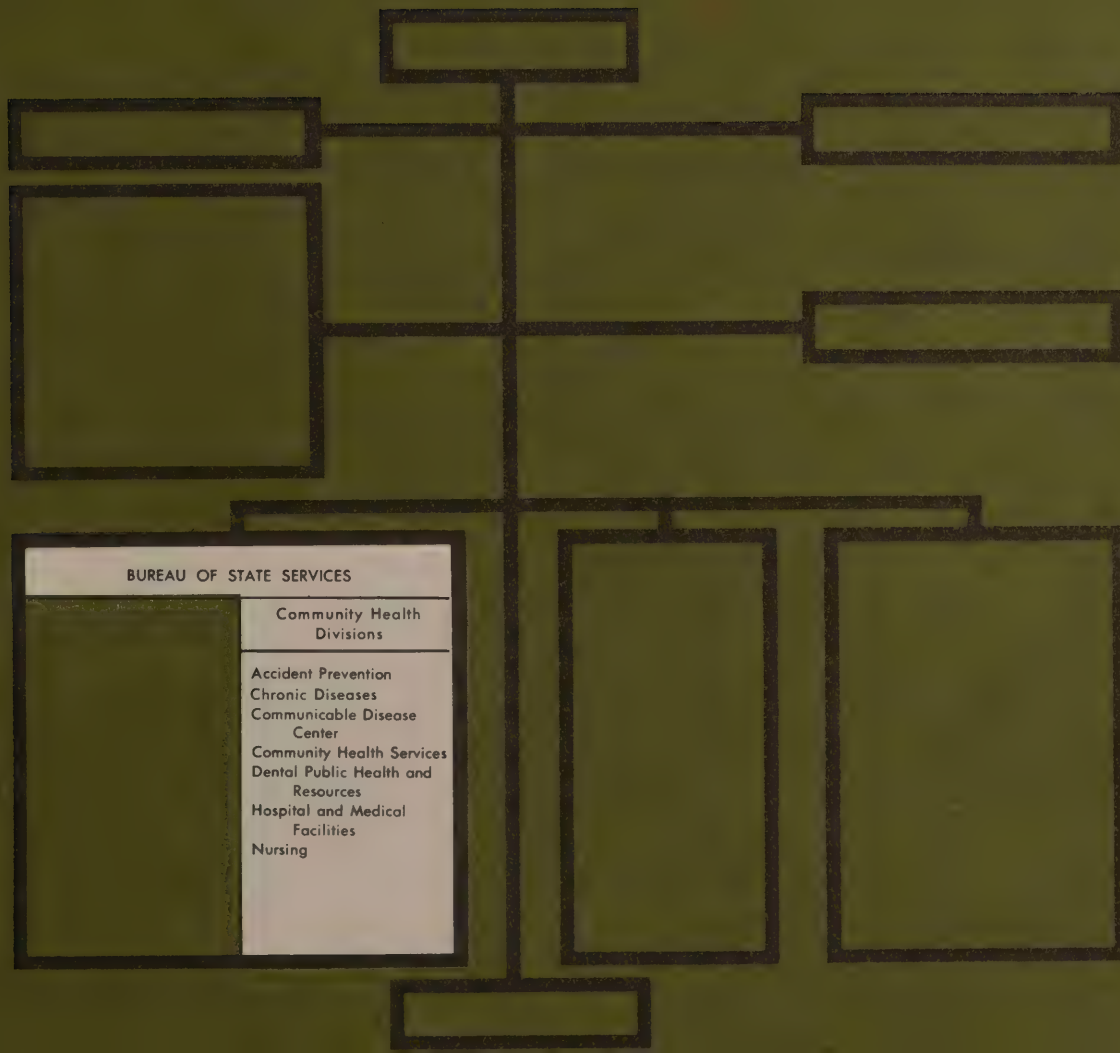
The Bureau of State Services is responsible for this diverse and complicated task. Its divisions and programs work to strengthen the Nation's health partnership in many ways—through technical consultation, demonstration projects, training programs for State and local health personnel, field studies and applied re-

search of various kinds, and Federal grants-in-aid.

To meet more efficiently the major health challenges of the present and the foreseeable future, the programs of the Bureau of State Services are grouped under two general headings: community health, which seeks to foster the availability of comprehensive health services—preventive, curative and restorative; and environmental health, which works toward providing stronger protection against the hazards of the modern environment.

In both areas, the fundamental mission of the Bureau is to contribute to the work of the State and local agencies, both public and private, which are responsible for the effective delivery of health services.





## Community Health

Seven divisions make up the community health group within the Bureau of State Services. These bring together the PHS resources which deal with the preventive, curative, and restorative services to individuals and families. The seven divisions are: Accident Prevention, Chronic Diseases, Communicable Disease Center, Community Health Services, Dental Public Health and Resources, Hospital and Medical Facilities, and Nursing.

The *Division of Accident Prevention* works to reduce the number of accidents and the number of injuries, disabilities, and deaths resulting from accidents—on the highway, in the home, and elsewhere. Accidental injuries cause 90,000 fatalities each year, rank fourth as an over-all cause of death and first as a cause of death between the ages of 1 and 35. In addition, about 46 million non-fatal injuries occur annually, resulting in 107 million days of work lost and 13 million days lost from school. The treatment of accident cases requires the year-round use of 50,000 hospital beds.

Application of public health concepts and techniques can contribute to better accident control. Accordingly, the Division conducts and

stimulates research to develop control techniques and the knowledge necessary to detect and alter unsafe behavior patterns. In seeking to minimize the injuries from those accidents that will continue to occur in our complex, mechanized society, the Division promotes the development of medical techniques and procedures to save lives and alleviate disabilities.

The Accident Prevention Division works closely with State and local health departments and assists in their programs. It encourages the active participation of physicians and other professional personnel in accident prevention activities, and cooperates with the National Safety Council, the President's Committee on Traffic Safety, and many other official and voluntary groups engaged in attacking this increasingly serious problem.

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*GLASS INJURY STUDY. The increasing frequency of disabling injuries and deaths caused by cutting and piercing objects is one of many areas studied by the Division of Accident Prevention. Here, a PHS advisor and an industrial engineer examine fracture patterns in a large panel of laminated glass at a commercial research laboratory.*



The *Division of Chronic Diseases* promotes improved health services for the chronically ill or disabled and those likely to fall victim to chronic or degenerative afflictions. It helps States and communities provide the best possible comprehensive care services for all who need them. Major goals include health maintenance and disease prevention, the detection and therapy of chronic illness, and rehabilitative services.

The special impact of chronic disease and impairment upon millions of older people has led the Division to establish programs geared to improve health services for the aged and aging and to raise the standards of administration and care in nursing homes. The Division also operates control programs in heart disease, cancer, arthritis, diabetes, the neurological and sensory diseases, and mental retardation seeking methods for early diagnosis and studying all facets of these diseases. Besides consultation services to State and local agencies on every aspect of chronic illness, the Division offers financial assistance to States and communities through a variety of grants.

The Division of Chronic Diseases has played an important role in many achievements in the field of health care for the chronically ill.

It has promoted the use of an effective screening test for glaucoma in routine physical examinations of adults; demonstrated and promoted automated blood testing procedures in diabetes detection; studied mass screening methods to detect heart defects in children; investigated soft-tissue X-ray procedures for the early diagnosis of breast cancer; and produced and distributed materials designed to encourage the application of rehabilitative and restorative techniques. In these, as in all other activities, the mission of the Division is to increase the awareness and foster action at the community level.

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*CHRONIC ILLNESS. The Division of Chronic Diseases works with States and communities to prevent and control today's major killing and crippling diseases and to improve the health of older people. For example, the Division supports programs in the prevention of disability through restorative techniques; encourages the use of the tonometer for the detection of glaucoma, a serious eye disorder; and aids communities in the establishment of health programs for the aged.*





The *Communicable Disease Center*, with headquarters in Atlanta, Georgia, and 13 field stations across the continent and in Puerto Rico, spearheads the Service's attack on infectious diseases. It carries out a diversified program of epidemiological, field, and laboratory investigations and furnishes specialized technical services to State health departments to help them develop and maintain an increasingly effective program for the prevention, diagnosis, and control of infectious diseases.

Epidemics and disasters strike suddenly and unpredictably. Within 24 hours of a request for help from any State faced with such an emergency, the Center sends specialists, singly or in teams, to help bring the situation under control. In acute emergencies, the Center can mobilize extensive technical resources including the Epidemic Intelligence Service, a multidisciplined corps especially trained to investigate disease outbreaks, and other specialists skilled in handling actual and potential health problems associated with disasters.

The Center's long-range field and laboratory investigations and studies focus on the organisms, vectors, and host reservoirs related to infectious disease, as well as the development of means for disease prevention and control.

The Center strengthens public health laboratories across the nation by developing and demonstrating improved laboratory practices, evaluating laboratory performance, providing reference diagnostic services, and producing biological diagnostic materials. The Center's work on the identification, ecology, and control of arthropods, rodents, and other animal vectors is of international importance, as is the testing and evaluation of such public health preventive measures as immunization. Its programs for the control of tuberculosis and venereal disease strengthen State and local efforts in these fields.

Through its training program, through demonstrations and consultations, and through publications and audiovisual productions, the Center furnishes to the States new knowledge acquired through its own investigative program

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*TUBERCULIN TESTING. The Communicable Disease Center has an extensive program of aid and consultation to State and local communities for such activities as community-wide immunization programs and tuberculin testing in the schools. CDC is one of the world's leading resources for research, training, and control of infectious diseases.*





as well as from medical schools, universities, research and teaching centers.

As a continuing responsibility, the Center observes closely the distribution and trends of disease incidence through the systematic collection, consolidation, and evaluation of all relevant data, relaying this information promptly to State and local health departments and other organizations responsible for control activities.

The *Division of Community Health Services* is the focal point in the Public Health Service for health economics, public health training, and medical care and public health administration. Its mission is to improve community health and medical services through activities that enhance their efficiency, effectiveness, and economy.

Specifically, the Division assists official agencies and private organizations concerned with providing comprehensive health care to all members of their communities. The Division helps to increase and improve the training of professional health personnel through grants to accredited institutions and traineeships for individual students. Through research grants and studies by its own staff, the Division also adds to the body of knowledge in health economics, medical care, and public health administration,

and helps to educate health personnel and the general public in health affairs.

In 1962, Congress authorized a new program for health services to domestic agricultural migratory workers and their families. The Division administers this program, which includes the award of project grants to public and private nonprofit organizations for the development of migrant health services.

The *Division of Dental Public Health and Resources* works to promote oral health and to reduce the widespread occurrence of dental diseases. It works with State and local agencies to encourage good oral hygiene, to detect oral cancer and other diseases, and to apply such prevention measures as fluoridation of commu-

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*DENTAL PUBLIC HEALTH. Dental care for the aged, handicapped, and chronically ill persons frequently means both special techniques of treatment and service outside the dental office. Here a Public Health Service dentist examines an aged woman in a program conducted by the Division of Dental Public Health and Resources to learn how communities can organize to meet the needs of these special patients. A dental student (left) observes.*





nity water supplies. It is concerned with the delivery of dental services to the chronically ill in institutions or in their homes. It also seeks to develop means of assessing dental conditions in large groups. The Division also conducts epidemiological research on cleft lip, cleft palate, and other disorders.

To combat the growing shortage of dental personnel, the Division works toward effective utilization and development of the Nation's dental resources. The Division aids in recruitment, in promoting more effective use of auxiliary personnel, in planning new dental schools and modernizing old ones, and in experimenting with more efficient methods of dental practice. The Dental Health Center in San Francisco offers an approved residency in public health dentistry and short-term training for dentists and dental personnel.

The *Division of Hospital and Medical Facilities* administers programs to help build hospitals and related health facilities. The Division also conducts research and demonstrations to improve the utilization of such facilities.

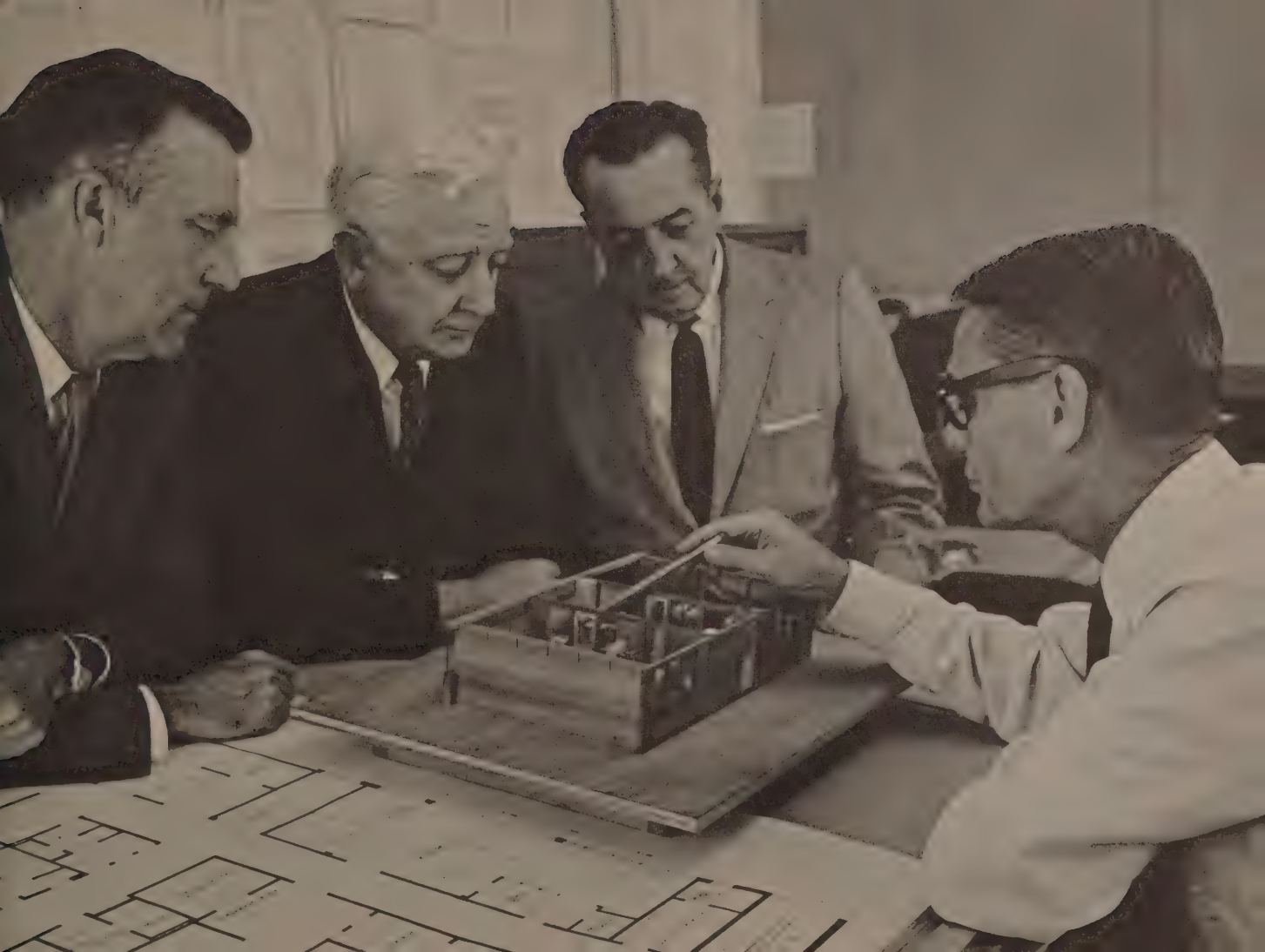
Since 1946, when Congress authorized the national hospital survey and construction program—popularly known as the Hill-Burton program—Federal grants-in-aid funds have been

available to help States and communities construct public and voluntary nonprofit hospitals, health centers, and related buildings. This program has since been broadened and expanded significantly. The Federal Government now helps in the construction of diagnostic and treatment centers, nursing homes, chronic disease facilities, and rehabilitation facilities. Recent legislation also authorizes Federal aid in the construction of health professional schools, and community centers for mental illness and mental retardation.

The trend toward coordinated community-wide planning for hospitals and related health facilities is a significant development in hospital construction. New planning techniques are being devised, consultation service is being provided, and guide materials are being furnished

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*HOSPITAL PLANNING AND DESIGN. A hospital architect in the Division of Hospital and Medical Facilities uses a model to describe the features incorporated in a hospital nursing unit. The Division makes grants to help build hospital and medical facilities and conducts research in the planning, design, and use of such facilities.*



to community groups organized to carry out such planning. The 1964 amendments to the hospital construction program authorized expanded Federal assistance for area-wide planning. This legislation also authorized Federal grants for renovation and remodeling of obsolescent hospitals in metropolitan areas.

A growing activity in the Hill-Burton program is hospital research. Grants are awarded for research and service demonstration projects sponsored by universities, medical schools, and other public and private nonprofit institutions and organizations. Some of the areas of investigation include the development of more effective organizational patterns for providing services, better community planning and coordination of hospital facilities and operations, and improvements in architecture and equipment design.

The *Division of Nursing* furnishes leadership and guidance to the nursing profession through a program of research, training for nurses, and consultation and assistance to health agencies and institutions. To help meet the acute national needs for nurses and for specialists in various aspects of nursing, the Division conducts and supports national and local studies of nursing needs, seeks new methods of surveying

the nursing situation, and offers consultation to agencies on all levels in their efforts to develop a larger and more effective nursing resource.

In addition, through research, assistance, and consultation, the Division seeks to improve nursing practice. Its program of grants stimulates research, particularly in neglected areas. A new method of measuring the progress patients make under public health nursing care is among the most significant developments in public health nursing in many years, making possible the assessment of traditional practices. The recently established nursing research center in San Francisco will facilitate important studies

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*NURSE TRAINEESHIPS. The Division of Nursing works to improve the quality of nursing practice and to increase the number of nurses in this country. Recent legislation has given the Service new responsibility to support both undergraduate and advanced nurse training. The student nurse trainees are being shown the workings of an artificial kidney. Today artificial kidney machines similar to this one at Georgetown University, Washington, D.C., are taking the place of kidneys that temporarily are not functioning as they should.*





in patient care, public education, and nurses' training.

The Professional Nurse Traineeship Program, established to meet the need for nurse administrators, supervisors, and teachers, provides traineeships for full-time academic study for professional nurses. Since 1960, the Division has supported intensive short courses for nurses in leadership positions. In addition, training grants for nurse researchers are offered, as well as special pre-doctoral fellowships in nursing.

## Environmental Health

Two forces in American society are reshaping the environment in which most people live—the rapid growth of cities, and the expansion and diversification of industry and technology. The environmental health programs of the Public Health Service have grown rapidly in recent years in response to the new health hazards created by these changes.

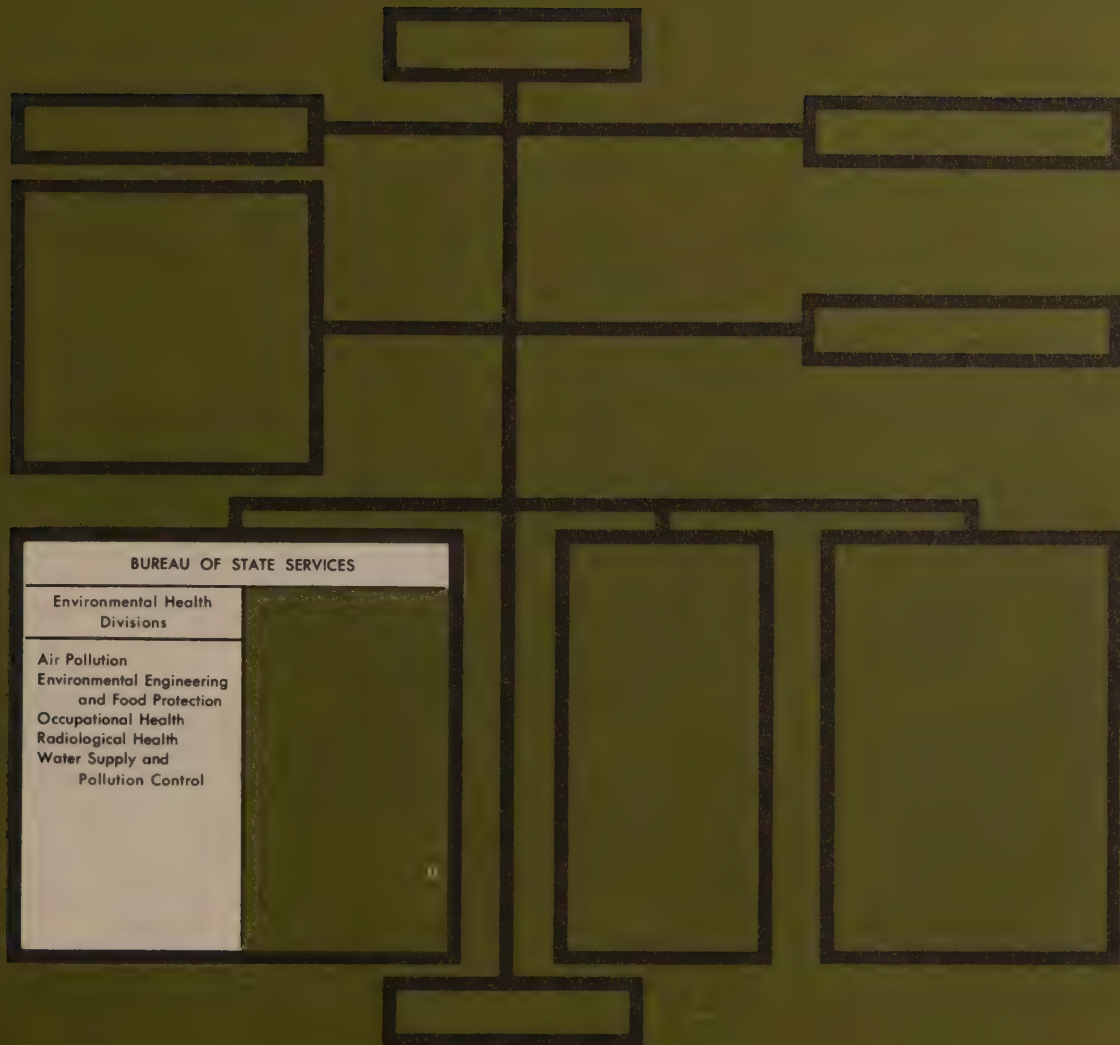
For many years the Service has been concerned with pollution of waterways, with problems of sanitation, and with occupational health hazards. These interests have continued and broadened in scope. Meanwhile major programs have been developed to deal with pol-

lution of the air and with the public health problems related to radiation. The environmental health group within the Bureau of State Services now consists of five divisions plus two major research stations.

The *Division of Air Pollution* helps promote cleaner air over our cities, through programs of research, technical assistance, training, and public information.

Air pollution becomes a more serious problem every year. It serves as a serious drain on the Nation's economy and health. Occasionally, dramatic disasters from high concentrations of air pollutants have produced acute illness and sudden death. But public health authorities are equally concerned today about long-continued exposures of entire communities to lower concentrations of pollutants. Growing evidence links such exposures to asthma, bronchitis, emphysema, and lung cancer.

Research is conducted at the Robert A. Taft Sanitary Engineering Center in Cincinnati, at a new Air Pollution Research Facility also located in that city, and through field studies throughout the Nation. The Division also sponsors, through grants and contracts, many projects conducted by universities and also by such Federal agencies as the Weather Bureau,



the Department of Agriculture, the National Bureau of Standards, and Bureau of Mines. In addition, grants for the establishment, development, or improvement of State and local air pollution programs are now being awarded.

The Division furnishes technical assistance to States and communities in conducting surveys and in determining solutions to local air pollution problems. At the Sanitary Engineering Center, in the field, and through grants to universities, the Division provides training for air pollution personnel in government and industry.

The Division also disseminates information on air pollution to State and local agencies, industry, health and civic organizations, and the public.

The *Division of Water Supply and Pollution Control* conducts a program to protect and improve the quality of the Nation's streams and waterways.

In addition to the traditional concern over bacterial contamination, present concepts in pollution control have broadened to include deterioration of water quality from all sources. Sources of pollution such as logging, irrigation, highway construction, land clearing, overgrazing, pesticides, and mining are receiving greater

scrutiny.

Comprehensive plans for pollution control are being developed in seven U.S. river basins; it is hoped that plans for these and all river basins will be completed by 1975. The Division maintains surveillance by means of 127 sampling stations along interstate watercourses to check some 40 physical and chemical properties in water, including radioactivity, organic chemicals, coliform organisms, temperature, and others. The ultimate goal is 300 such stations.

Since 1956, the Division has administered construction grants for municipal waste treatment works. Under this program, more than 1,100 projects are being built each year. In 1963, for the first time, construction of these treatment works rose to the \$800 million annual level. Nonetheless, today's sewage disposal plants still fall short of the total amount necessary.

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*WATER POLLUTION PROJECT. Investigators from the Division of Water Supply and Pollution Control gather samples to be used in finding ways to clean up pollution in a waterway. The Service also makes grants to help build waste treatment plants.*





Answers to many water supply and pollution problems are being sought in research which is now being carried on in colleges, universities, and private organizations under Federal grants and contracts. In addition, the Division of Water Supply and Pollution Control conducts extensive intramural research into such subjects as the effects of pesticides on water quality and the recreational uses of water supply reservoirs. Seven new regional laboratories and two water quality standards laboratories are planned for the future.

The *Division of Occupational Health* conducts a Nationwide program to protect and improve the health of American workers. Its field studies and laboratory research by teams of specially trained physicians, engineers, toxicologists, chemists, physicists, nurses, and other personnel are aimed at better methods for the detection and control of occupational disease and at the development of basic data on the health effects of various occupational exposures.

The Division's studies focus on industrial problems that cut across State lines and on neglected research areas of significance to the health of workers. Knowledge and skills developed are relayed to State and local agencies and other interested organizations through technical

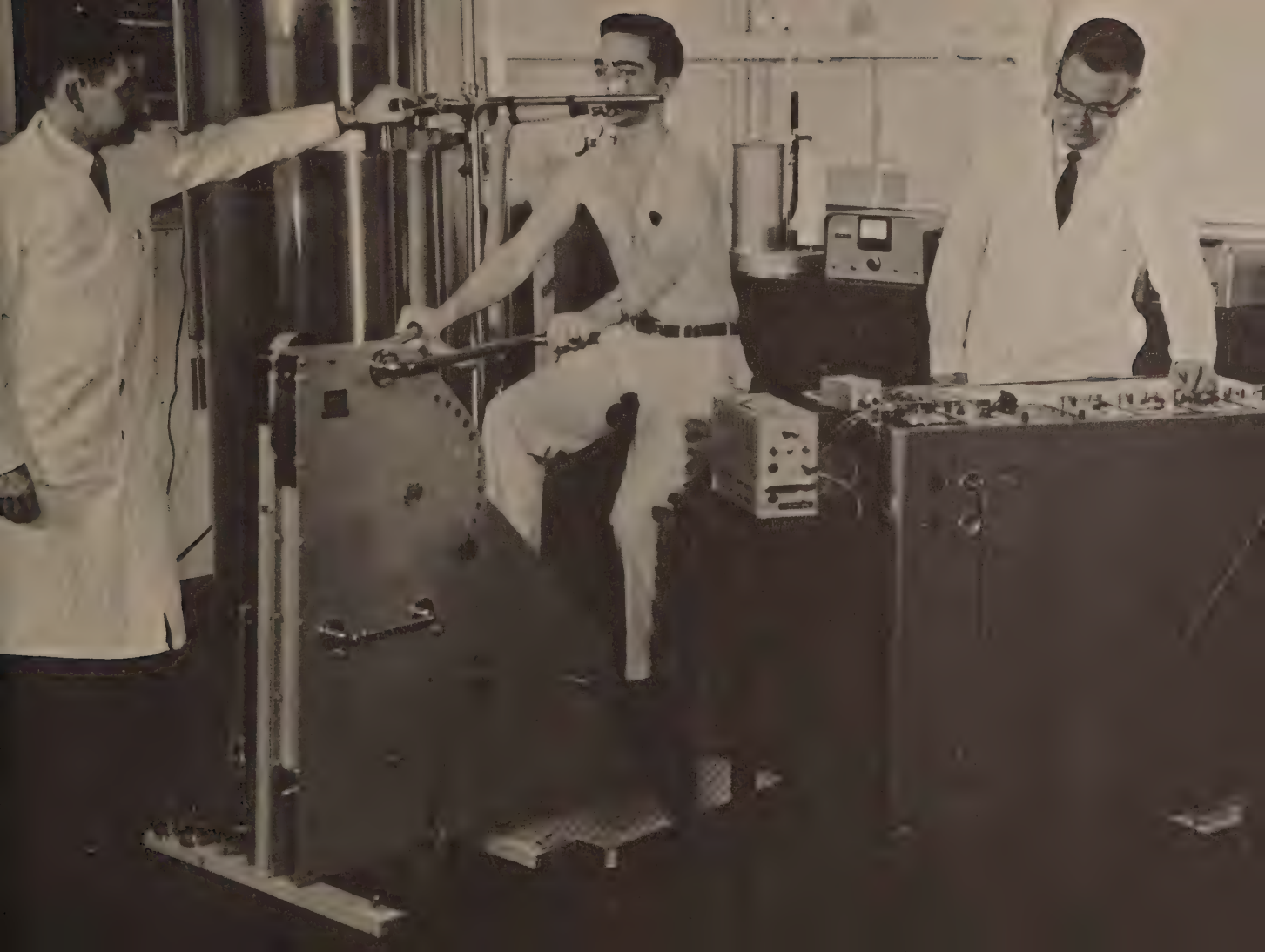
assistance and consultation services. Additional research is sponsored through grants to universities, State agencies, hospitals, research institutes and other non-profit groups.

By stimulating the development of in-plant medical services, the Division hopes to encourage increased preventive measures for workers. All health services, however, depend on an adequate supply of well-trained personnel. The Division helps to keep health personnel abreast of new developments in the field. Government and industrial health personnel are offered short-term training courses, ranging from basic industrial hygiene principles to courses on the evaluation and control of heat, stress, and noise.

The programs of the *Division of Radiological Health* are designed to protect the population against undue radiation exposure.

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**OCCUPATIONAL STRESSES.** *The Division of Occupational Health carries out a broad range of activities to protect and maintain the health of workers. Physiologists here are conducting laboratory research on the effects of the occupational environment and its stresses on the tissues, the organ systems, and the entire body.*



The Division engages in environmental surveillance and special radiation safety activities; provides technical assistance to the States; conducts basic and applied research; and assists in the training of radiological health personnel.

The Division develops and conducts programs for collecting and assessing data on all forms of radiation exposure throughout the Nation. A Nationwide network of stations samples air, water, and milk. Eventually, a comprehensive radiation intelligence system will furnish continuous data on the exposure of various population groups from all sources of ionizing radiation. Special safety projects include the monitoring of areas adjacent to U.S. nuclear weapons test sites and the investigation of river and port environments near nuclear reactors and nuclear naval vessels. Surveillance data is brought together for continuing analysis at the Radiation Surveillance Center at Division headquarters. A technical monthly, *Radiological Health Data*, is published as a permanent record on sources and levels of radioactivity.

The Division also conducts a major fundamental and developmental research program including studies in its own laboratories, projects under contract with universities and medical centers, and independent investigations

supported by grants.

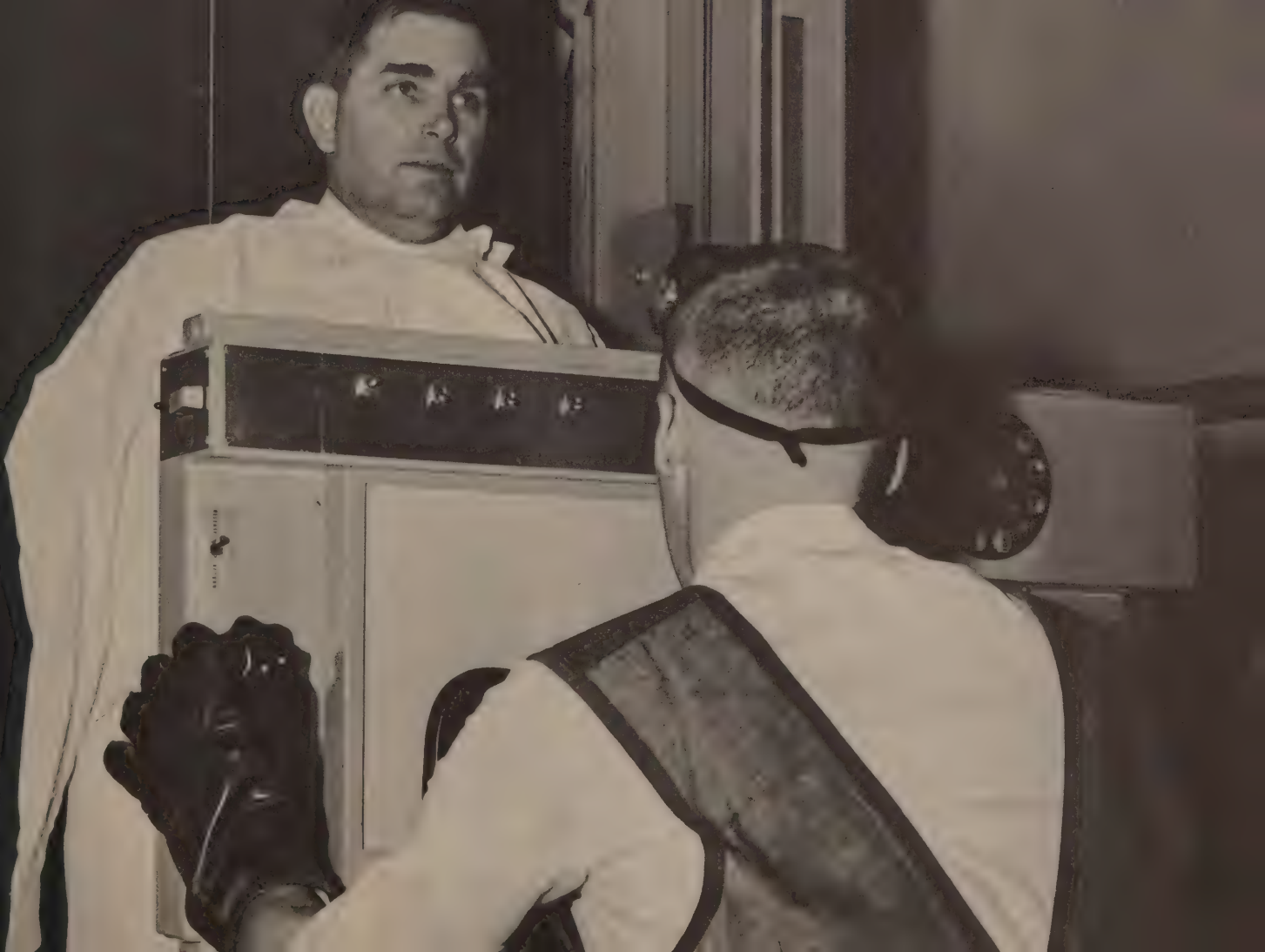
Technical assistance is given to the States to bolster radiological health competency at the local level. A system of matching grants helps States develop radiological health programs. The Division also assists States in developing programs for the licensing and regulation of radioactive materials and for the reduction of exposure from X-rays.

The training of radiation specialists and technicians is another Division function. The Division provides grants to universities for the training of radiation health specialists, assistance to junior colleges and other institutions for the training of radiation technicians, graduate-level training of PHS commissioned officers and civil service personnel, and short-course training for public health personnel in government and

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*RADIOLOGICAL SAFETY. The Division of Radiological Health conducts a national program for the prevention of radiological hazards to public health. X-rays, weapons tests, industrial use of reactors, and radioisotopes, all contribute to potential health hazards. PHS technician demonstrates recommended safety technique and garb for fluoroscopy.*





industry.

Two advisory groups work very closely with the Division. The National Advisory Committee on Radiation, established in 1958, provides guidance to the Surgeon General on the study and control of radiation hazards in the United States. The Federal Radiation Council, organized in 1959, advises the President on radiation health matters and serves as a guide for the Division's activities.

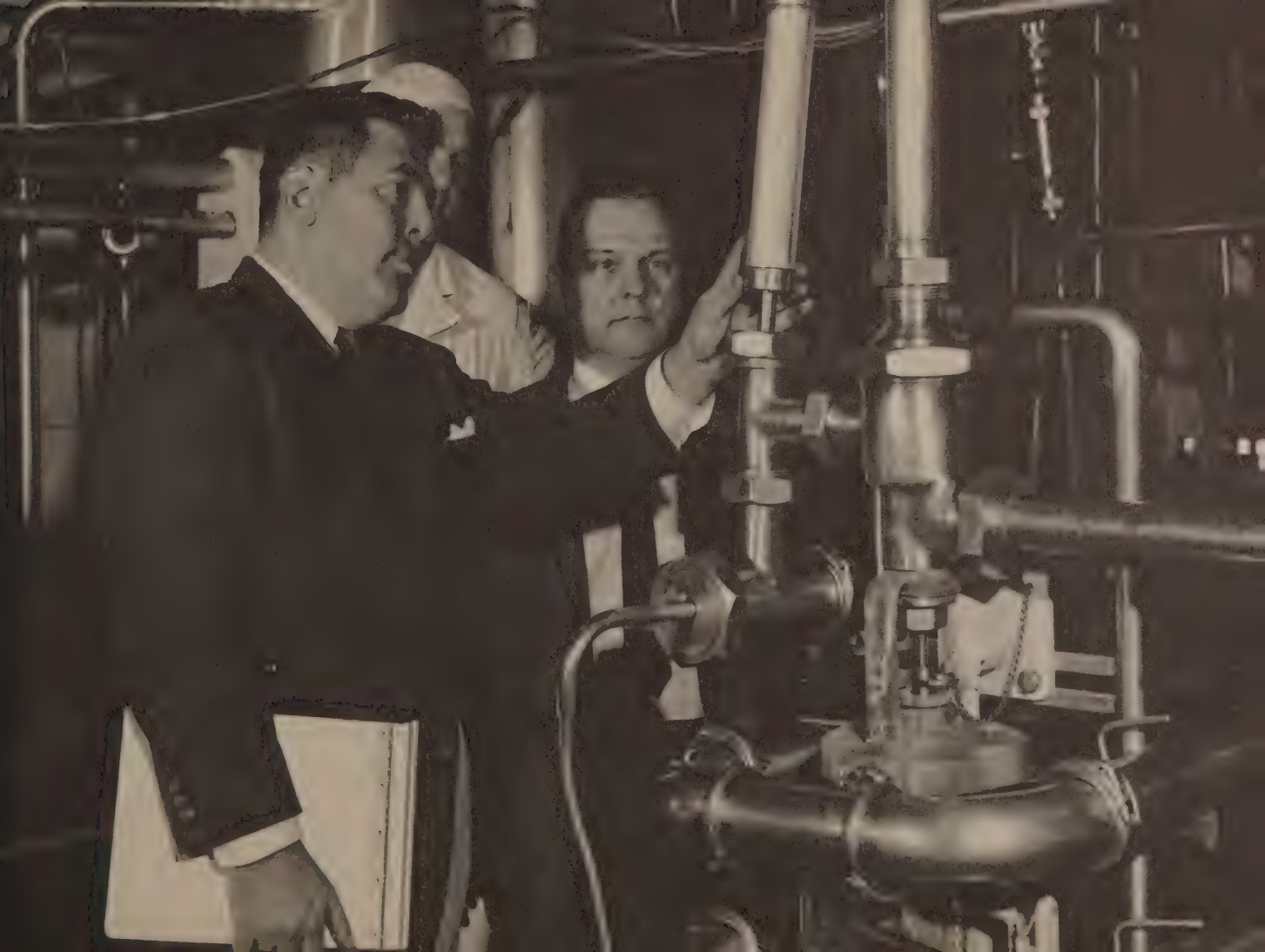
The *Division of Environmental Engineering and Food Protection* operates broad programs designed to eliminate or control environmental health hazards of the general environment. The Division helps guard the sanitary quality of milk and other dairy foods, shellfish and foods prepared and served commercially. It works to prevent the interstate spread of disease via all means of transportation. It assists in the planning of healthful metropolitan environments. It conducts and supports research and carries out investigations, demonstrations, and training programs. The Division also furnishes consultation and technical services to Federal, interstate, State, local agencies; to industry and to private organizations. Program guides, model codes, ordinances, and standards are frequently issued by the Division.

The Division supervises the sanitation of interstate railroad cars, airplanes, buses, and ships, inspecting water supply, food sanitation, sewage and waste disposal. The Public Health Service Drinking Water Standards, which are enforced by the Division on all interstate carriers, have contributed to the decline of typhoid fever and dysentery, to the establishment of sanitary engineering divisions in State health departments, and to improving the Nation's water supplies generally. The Division's extensive milk sanitation program helps protect the country's milk supply. A recommended milk ordinance and code, as well as other standards and technical procedures, have been widely adopted by States and communities.

The Division's model food service sanitation ordinance and code has received wide adoption throughout the Nation. Other food

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*DAIRY PLANT INSPECTION. Staff Officer of the Division of Environmental Engineering and Food Protection checks piping and pasteurization equipment of dairy plant in company with plant supervisor and State inspector. Programs of the Division cover a wide variety of general environmental sanitation problems.*



codes and guides, such as those concerning shellfish sanitation, are in wide use.

Research, technical assistance, and training are all part of the Division's program of environmental health planning for metropolitan areas. Other Division concerns include recreational sanitation and health problems relating to septic tanks and solid waste disposal.

The *Arctic Health Research Center* in Anchorage, Alaska, was established in 1950—an extension of the laboratory for arctic health research which was set up in 1948. The objectives of the arctic health research program are three-fold: 1) to expand knowledge about health problems associated with a low-temperature environment; 2) to contribute to other medical and biological research by utilizing the unique research potential of the Arctic and Subarctic environments; and 3) to provide a health research facility in the Arctic-Subarctic region of the North American Continent as a focal point for a) the low-temperature aspects of U.S. health research and b) cooperation with other nations, particularly Canada, in northern research. The principal Alaskan health matters studied by the Center are: animal-borne diseases; epidemiology; biochemistry and nutrition; physiology; environmental sanitation; and

entomology.

The *Robert A. Taft Sanitary Engineering Center* is the principal Public Health Service laboratory for environmental research. The Center employs about 1,000 people who are investigating problems in air pollution, water supply and pollution control, milk and food sanitation, and radiological health. Research at the Center seeks to clarify the environmental impact of various industrial and community activities and to develop effective control measures. The Center gives technical assistance to other Federal agencies and to State and local governments. It also provides a wide variety of courses of professional instruction to public health workers. Courses are conducted at the Cincinnati headquarters, as well as at various field locations throughout the country.

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**RADIOLOGICAL TRAINING EXERCISE.**  
*This radiological training exercise for public health workers in the accurate use of Geiger counters is one of a large number of technical training courses conducted by the staff at the Robert A. Taft Sanitary Engineering Center in Cincinnati, Ohio.*





# OUR PART IN WORLD HEALTH

Health is the concern of all nations, and the Public Health Service plays a major role in fulfilling U.S. responsibility for improving health conditions throughout the world. The Service, principally through its Office of International Health, advises the Department of State on policy matters, and is the Nation's technical liaison with the inter-governmental organizations working for better world health. These agencies include the World Health Organization, the Pan American Health Organization, the South Pacific

Commission, and the specialized agencies and bodies of the United Nations which are concerned with health, such as the Economic and Social Council, United Childrens Fund, Food and Agriculture Organization, and the Economic Commissions.

The U.S. delegations to the Annual World Health Assemblies are led by the Surgeon General and include other Service personnel, as do the delegations to the conferences and meetings of the Directing Council of the Pan Ameri-

can Health Organization. Service officers are members and alternate members on the Executive Board of the World Health Organization, and the Executive Committee of the Pan American Health Organization. Service specialists serve on international advisory committees, consult on health problems abroad, and work with voluntary and professional organizations in the international exchange of knowledge and techniques.

Since the middle of World War II, U.S. policy has reflected the recognition of the importance of health and human resources to the emerging nations of the world. Over the past 15 years more than 300 Service officers have staffed the health components of successive bilateral aid agencies of the United States. At present, the Agency for International Development looks to the Service for personnel and contractual services. Programs of this agency in which the Service is engaged include basic environmental sanitation, nursing education, hospital planning, control and eradication of communicable diseases, and surgical care.

The Public Health Service also provides the medical component of the Peace Corps. While the principal duty of physicians and others assigned to this expanding program is to assure

adequate medical care for the volunteers serving abroad, increasing emphasis is being given to health programs of direct benefit to the countries in which they serve.

Another important aspect of international health in which the Service is engaged is the training of health and medical personnel. Since 1945, the Service has assisted in the training of more than 10,000 professional health workers and students from all over the world who were brought here by WHO, the bilateral aid agencies and foundations, or under other auspices. The Service has also been active in giving technical assistance to a wide variety of training programs abroad.

Since 1956, the Service has been active in promoting and administering the exchange of scientists and technical missions between the U.S. and other countries. It has responsibility for the negotiation, development, and administration of these exchanges between the U.S. and the Soviet Union.

The International Health Research Act of October 1960 clearly defined the Public Health Service's research mission abroad. It provided, in a single statute, the authority for the study of human diseases of importance to the United States wherever such diseases are



found. Currently, research studies supported by the Service are being carried out in more than 200 institutions in 30 countries. The Service supports its own research laboratories in foreign countries and provides funds to enable American universities to establish and maintain joint research and research training activities with cooperating universities and institutions overseas. In addition, fellowships are awarded to talented scientists from all over the world for

study in U.S. laboratories. To coordinate and enhance the Service's international research activities, field offices have been established in Europe, Asia, and Latin America. These are in addition to PHS staff assigned to United States embassies and consulates abroad to perform quarantine duties necessary to prevent the importation of disease into the United States.

All of these activities contribute to better health for people throughout the world.

For further information about the programs of the Public Health Service, write to:  
Office of Information and Publications, Public Health Service, Washington, D.C., 20201

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